



Plan Sponsor Enrolment Form

Instructions: Your monies will be withdrawn by PAP [Pre Authorized Payment Plan], please fill out the information and attach a corporate void cheque.

Plan Sponsor Information:

Company Name		Contact Name		
Address		E-mail		
City	Province	Postal Code	Phone	Fax

Pre Authorized Payment [PAP]:

Financial Institution Name		Bank #	Transit #	
Address		Account #		
City	Province	Postal Code	Phone	Fax

Note: Each Member's monies will be returned by EFT [Electronic Funds Transfer]. Please have each Member fill out the Employees Benefit Enrolment/Change Form and the EFT information (Electronic Funds Transfer), provide a void cheque from a deposit account [cannot be a line of credit account].

I wish to use the Pre Authorized Payment [PAP] system to make payments to AccertaClaim Servcorp Inc.

Signing Authority _____ Date _____

Mail this form to:

- | | |
|--|---|
| <input type="checkbox"/> AccertaClaim Servcorp. Inc.
4 New Street
Toronto, ON M5R 1P6
Phone: 1(800) 505-7430 | <input type="checkbox"/> MedEX Benefits Consultants
2000 Argentia Road, Plaza Four, Suite 110
Toronto, ON L5N 1W1
Phone: (905) 826-5122 |
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