



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT FITNESS FEES

Please complete the Pre-Authorized Debit Plan agreement below

I authorize Saskatchewan Health Authority (SHA) and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions for the full amount of payment due for **Fitness Fees**.

Regular monthly payments will be withdrawn under Sask Health Authority – ORA within the first five (5) business days of the month from the financial institution currently set up on my payroll record. If I want the pre-authorized debit to be withdrawn from a different bank account I understand that I must log in to SHA MyConnection and change the banking information on my payroll record.

By signing this form, I waive my right to receive pre-notification of the amount of the PAD and agreed that I do not require advance notice of the amount of PADs before the debit is processed.

I acknowledge that if funds are not available when payment is to be withdrawn from my account, the SHA will apply a non-sufficient funds (NSF) charge of \$25.00 to my account.

This authorization is to remain in effect until the Saskatchewan Health Authority has received written notification from me of its change or termination. This notification must be received at the address provided below at least ten (10) business days before the next withdrawal is scheduled. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.payments.ca.

Saskatchewan Health Authority may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.payments.ca.

PLEASE PRINT

Name: _____

Person number : _____ Type of Service: Personal _____ Business _____

The banking information currently set up on your payroll record will be used for the Pre-Authorized Debit. If you want the Pre-Authorized Debit to come out of a different bank account, please log into MyConnection and change the banking for your payroll record.

Authorized Signature: _____ Date: _____

Submit the completed form to your local FitClub/Fitness Centre for enrollment.

Melfort Location

Hailey Perkins

Melfort Therapies

510 Broadway Ave N, Melfort, S0E 1A0

Hailey.Perkins@saskhealthauthority.ca

Phone #306-752-1750

Regina Locations

Shauna Diewold

WRC FRP FitClub

2180 23rd Ave. Regina, S4S 0A5

Shauna.Diewold@saskhealthauthority.ca

Fax #306-766-5265

Saskatoon Locations

Organizational Culture

Nurses Alumni Wing (NAW) Building

715 Queen St, Saskatoon S7K 4X4

SHAWellbeingandResilience@saskhealthauthority.ca

Phone #306-260-3667

FitClub/Fitness Centre confirmation of enrollment _____

PLEASE KEEP A COPY OF THIS AGREEMENT FOR YOUR RECORDS