



FLEMING

Pre-Authorized Debit (PAD) Form

Customer Information:

Full Name: _____ Employee Number: _____

Address: _____ Telephone: _____

Attention Partial Load Faculty:

I understand that if I become re-employed with the College within six (6) months of the end of any partial load contract, the waiting period for this group insurance will be waived. If the six (6) months have expired, a new waiting period is applicable.

Bank Account Information: Please attach a VOID cheque OR Bank Authorized Account Summary Statement

NOTICE: This banking information is being collected for the primary purposes of Sun Life premium payments. If this information changes, please provide us with your updated banking information.

Bank ID #: Bank Transit #: Account #: _____

The personal information on this form is collected under the authority of the Ministry of College and Universities Act R.S.O. 1990, cM.19,s.5. In accordance with the *Freedom of Information and Protection of Privacy Act*, it will be used only for the purposes of Sun Life premium payments. If you have questions regarding the collection/use/retention of this information, please contact Fleming College's Human Resources Department at 705-749-5530 x 1332.

Pre-Authorized Debit (PAD) Details:

I, _____, authorize Fleming College to debit my bank account \$_____ on the last banking day of each month for Sun Life benefit premiums owing by me for that month. These services are for business purposes only. To cancel your PAD, please email your request to the Benefits Administrator, at benefits@flemingcollege.ca, at least 30 days prior to the end of the month.

I acknowledge and authorize that the monthly debited amount may vary as a result of premium increases effective each February 1, enrolment into a new benefit plan, or addition of benefits. I agree to waive the pre-notification requirements under CPA's rule H1.

Employee Signature: _____ Date: _____

You have certain recourse rights if any debit does not comply with this agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

When the form is completed, please send to: Fleming College, 599 Brealey Drive Peterborough, ON K9J 7B1
Fax: 705-749-5522 Email: benefits@flemingcollege.ca