Pre-Authorized Debit (PAD) Form

Part A: Customer Information			
Full Name:		EMPLID:	
Address:			
Phone Number:		Email:	

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 more than six (6) months have passed, a new waiting period will apply.

Part B: Back Account Information *Please attach a VOID cheque or a Direct Deposit Form.*					
Notice: This banking information is being collected for the primary purposes of Sun Life premium payments. If this information changes, please provide updated banking details.					
Bank ID #:		Bank Transit #:		Account #:	

The personal information on this form is collected under the authority of the *Ministry of Colleges and Universities Act, R.S.O. 1990, c. M.19, s.5.* In accordance with the *Freedom of Information and Protection of Privacy Act (FIPPA)*, it will be used only for the purposes of Sun Life premium payments. If you have questions regarding the collection, use, or retention of this information, please contact Fleming College's Human Resources Department at 705-749-5530 x1332.

Part C: Pre-Authorized Debit Details:

I,_____, authorize Fleming College to debit my bank account $_____ on the last banking day of each month for Sun Life benefits premiums owing by me for that month. These services are for business purposes only.

I acknowledge and authorize that the monthly debited amount may vary due to annual premium increases, enrolment in a new benefit plan, or changes/additions to my existing benefits. I agree to waive the pre-notification requirements under CPA's rule H1.

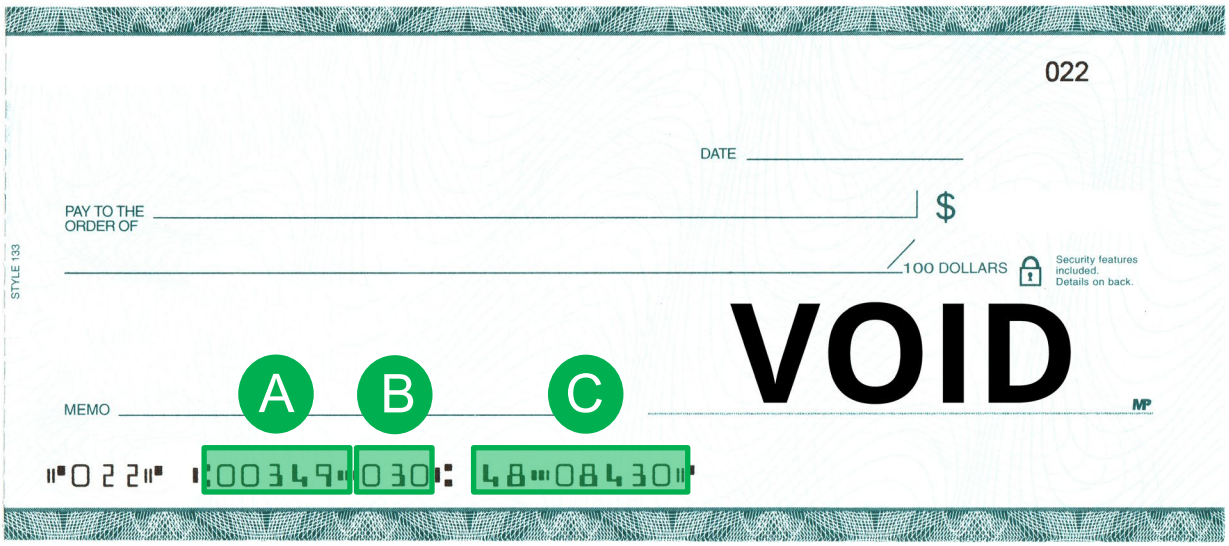
To cancel your PAD, please email your request to benefits@flemingcollege.ca at least 30 days prior to the end of the month.

Signature:		Date:	

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

Submit completed form to:
Email: benefit@flemingcollege.ca
Fax: 705-749-5522
Mail: Fleming College, 599 Brealey Drive, Peterborough, ON K9J 7B1

Sample Cheque Reference – Identifying Your Banking Information:



A 5-digit bank transit number

B 3-digit bank ID number

C Account #