island health

PRE-AUTHORIZED BANK WITHDRAWAL or CREDIT CARD PAYMENT OPTIONS FOR HOME SUPPORT CLIENTS

INSTRUCTIONS

This form is **ONLY** for Vancouver Island Health Authority DBA "Island Health", Home Support Clients who wish to enrol in a pre-authorized payment plan to cover the costs on their Home Support account(s).

A. CLIENT INFORMATION

Enter the Client's full name (First Name, Middle initial, and Last Name)

B. CLIENT CHARGES TO BE PAID BY PRE-AUTHORIZED PAYMENTS

Please check the box to indicate which accounts are to be paid using pre-authorized payments.

For the Monthly User Fees account, Clients may have an outstanding balance for the month(s) prior to the pre-authorized payment being setup by the Revenue & Billing Department. If this situation applies to you, the first month or outstanding balance from previous months will be included with the initial bank withdrawal or credit card payment, unless otherwise indicated on the form.

C. PRE-AUTHORIZED PAYMENT DETAILS

Complete details for EITHER **Option 1** or **Option 2.** If you wish to pay the Monthly Fees accounts using **Pre-Authorized Bank Withdrawals**, complete **Option 1. For Oprion 1,** attach a void cheque, or documentation from your financial institution, which confirms the bank details. Otherwise, if you wish to pay using **Pre-authorized Credit Card payments**, complete **Option 2.**

D. PRE-AUTHORIZED PAYMENT AGREEMENT

The Client or Guarantor (whomever is eligible to act as a signatory for the bank account or credit card account identified in Section C and is agreeing to pay all charges incurred on the Vancouver Island Health Authority accounts using pre-authorized payments) must sign and date the form.

Please be advised that the collection of your personal information is authorized under sections 26(c) and 27(1) (iii) of the Freedom of Information and Protection of Privacy Act (FIPPA) [RSBC 1996]. Information collected will be used and disclosed solely to secure payment for your services. All collected information will be kept confidential and stored in a secure environment in accordance with FIPPA.

TERMS AND CONDITIONS

For Pre-Authorized Bank Withdrawal Payments

By signing this application, you acknowledge that authorization is provided for the benefit of Vancouver Island Health Authority and your bank or financial institution (hereafter referred to as your bank), and is provided in consideration of your bank agreeing to process withdrawals against the bank account indicated on this enrollment form, in accordance with the rules of the Canadian Payment Association.

The amount to be withdrawn against your accounts may vary each month as rates and services are subject to change. Vancouver Island Health Authority and your bank will process withdrawals against your account and withdraw all such amounts, without any pre-notification or consent by you. Withdrawals will take place the 15th of each month. If the identified day of the month falls on a weekend or statutory holiday, the payment will occur on the next business day.

You have certain recourse rights if any bank withdrawal does not comply with the agreement. For example, you have the right to receive reimbursement for any withdrawal that is not authorized or is not consistent with the Pre-authorized payment Agreement.

You undertake to promptly notify Vancouver Island Health Authority, in writing, of any change in the account information provided in this authorization. If you wish to cancel your monthly pre-authorized bank withdrawals from your bank, you will need to notify Vancouver Island Health Authority - Revenue & Billing department in writing; mail to one of the address shown at the bottom of the page or email to RevenueHSBilling@viha.ca .

For Pre-Authorized Credit Card Payments

By signing this application, you acknowledge that authorization is provided for the benefit of Vancouver Island Health Authority to process credit card payments against the credit card account indicated on this enrollment form. The amount to be paid by credit card may vary each month as rates and services are subject to change. Vancouver Island Health Authority will process payments against your credit card account without any pre-notification or consent by you. Credit card payments will be processed on the 15th of each month. If the identified day of the month falls on a weekend or statutory holiday, the payment will occur on the next business day.

You have certain recourse rights if any payment does not comply with the agreement. For example, you have the right to receive reimbursement for any payment that is not authorized or is not consistent with the credit card agreement.

You undertake to promptly notify Vancouver Island Health Authority - Revenue & Billing department, in writing, of any change in the credit card account information provided in this authorization, including changes in expiry dates. If you wish to cancel your monthly pre-authorized credit card payments, you will need to notify Vancouver Island Health Authority - Revenue & Billing department in writing; mail to one of the address shown at the bottom of the page or email to RevenueHSBilling@viha.ca.

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PRE-AUTHORIZED BANK WITHDRAWAL or CREDIT CARD PAYMENT OPTIONS FOR HOME SUPPORT CLIENTS

Please read the Instructions on how to complete this form, and the Terms & Conditions, on Page 2.

A. CLIENT INFORMATION (*Please print*)

ACCOUNT # (entered by finance)	**CLIENT NAME:**	**PROGRAM AREA:**

B. INDICATE WHICH MONTHLY CHARGES ARE TO BE PAID BY PRE-AUTHORIZED PAYMENTS

(The first automatic monthly payment(s) will start in the first 10 days of the month following receipt of this form).

MONTHLY USER FEES

☐ **I agree to pay the Monthly User Fees by pre-authorized payment each month.**

Unless otherwise indicated below, any **outstanding balance** on the Monthly Fees Account for prior month(s) will be **included** in the first month's Pre-authorized payment.

☐ I do **NOT** want to include a payment for any outstanding balance as part of the pre-authorized monthly fees.

☐ **I will be sending a cheque** for the outstanding balance on this account.

C. PRE-AUTHORIZED PAYMENT DETAILS

Complete payment details for either Option 1 or 2

☐ **OPTION 1: Pre-Authorized Bank Withdrawals** (*Processed on the 15th of each month*)

If you wish to make payments through pre-authorized bank withdrawals, please provide details of your bank account below:

5-DIGIT TRANSIT No. | **BANK No.** | **BANK ACCOUNT No.**

________________________ ________________________

FINANCIAL INSTITUTION NAME **FINANCIAL INSTITUTION ADDRESS**

Please attach a void cheque to this form, or documentation from your financial institution, which confirms the bank details.

☐ **OPTION 2: Pre-Authorized Credit Card Payments** (*Processed on the 15th of each month*)

If you wish to make payments through pre-authorized credit card payments, please provide details of your credit card below:

☐ **VISA** ☐ **MasterCard** **Card #** ______________________________ **Expiry Date** __________ **CSV**____

D. PRE-AUTHORIZED PAYMENT AGREEMENT

Pre-Authorized payments will be the responsibility of: ☐ **the Client** **OR** ☐ **Representative**

Payor Name ______________________________ **Relationship to Client:** ______________________________

(*Please PRINT*) (*Please PRINT*)

I HEREBY DECLARE that I have read, understood, and accept all terms and conditions stated on this form. I can confirm that the payment information stated is accurate and complete and that I agree to pay all monthly costs as calculated. I accept the responsibility of informing the Revenue & Billing Dept. in writing of any changes to my financial information.

Vancouver Island Health Authority is hereby authorized to process the pre-authorized payments identified above to cover amounts due on the Client's accounts checked above. I am the person whose signature is required to sign on the above bank/credit card account.

X ______________________________ _____/_____/________

SIGNATURE OF PAYOR: BANK ACCOUNT/ CREDIT CARD HOLDER **DATE SIGNED (dd/mmm/yyyy)**

On completion of this form, please return it to Vancouver Island Health Authority-Revenue & Billing Department, at one of the addresses below.