

Nexen Wellness Centre - Pre-Authorized Payment Plan



Membership No
Company
Name
Home Address
City/Province
Postal Code
Home Telephone:
Cell or Business Telephone:

I/we authorize the Nexen Wellness Centre and/or HSG Health Systems Group Limited to charge monthly dues in the amount of \$25+GST to my/our bank account or credit card. **Minimum initial membership period is four consecutive months.** The Nexen Wellness Centre is authorized to change the amount of the monthly payment by giving the member 30 days written notice of the change. Failure on the part of the member to advise in writing of his/her disagreement with the change in the amount of the monthly payment within 10 days shall be deemed to be full acceptance of such change.

(Initial: _____)

I/we agree to notify the Nexen Wellness Centre and/or HSG Health Systems Group Limited in writing within 10 days of any change to my bank or credit card account information.

(Initial: _____)

All authorized charges will be made on, or after, the **15th** day of each month. Should any bank or credit card payments not clear or are not honored by the member's financial institution for any reason whatsoever, authorization is hereby given to the Nexen Wellness Centre and/or HSG Health Systems Group Limited to collect the amount refused or dishonored plus a \$20.00 non sufficient fund (NSF) fee, payable in full by money order or certified cheque.

(Initial: _____)

This authorization may be cancelled at any time upon written notice to the Nexen Wellness Centre or HSG Health Systems Group Limited by the Member (cancellation deadline is the **20th of each month** to be effective for month-end).

(Initial: _____)

- Pre Authorized Chequing Payment
- Void Cheque Attached
- Pre Authorized Credit Card Payment

Type	Name on Card	Card #	Expiry
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(please print)

Member Name:
Member Signature:
Date:

For a joint account, all depositors must sign, if more than one signature is required on cheques issued against the account.

Attach Void Cheque