

Please FAX, MAIL, or EMAIL with copy of void cheque

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Employer Information (Please print clearly)

☐ Check here to use this form to request
changes to your banking information

| | | | |
|-----------------|----------|-------------|--|
| Employer Name | | Firm Number | |
| Phone | Fax | | |
| Mailing address | | | |
| City/town | Province | Postal code | |

Bank Account Information (Please attach copy of VOID cheque)

Financial Institution (FI) Name: _____

FI Branch Address: _____

FI Account Number: _____ ☐ Chequing account or ☐ Savings AccountFI Number: (3 digits) FI Branch Transit Number: (5 digits)

Pre-Authorized Debit (PAD) Details

I authorize WorkplaceNL to debit or credit the bank account identified above as follows:

- 1) Payments of current year assessments will be deducted in equal installments from April 1st to December 31st by the following selected payment frequency. End of year estimate updates will be deducted at the next scheduled payment date or December 31st whichever is sooner. (See reverse for payment frequency details):

Select one: ☐ Quarterly ☐ Monthly ☐ Semi-monthly ☐ Bi-weekly ☐ WeeklyPayment start date:
(see reverse) (Year) (Month) (Day)

- 2) Payment of all other transactions will be deducted on the due date (30 days from process date).
- 3) Reimbursement of any funds determined to be owing by WorkplaceNL.

Authorized Signature (for FI account)_____
Second Authorized Signature (if applicable)_____
Name (Please Print)_____
Name (Please Print)_____
Date (YYYY/MM/DD)_____
Date (YYYY/MM/DD)

General Information

You the payer may revoke your pre-authorized debit (PAD) authorization at any time by calling 709-778-1125 (or 1-800-563-9000 extension 1125) at least three business days before your next pre-authorized debit payment. To obtain a sample of the industry cancellation form, which you may also use to cancel your PAD authorization provided we receive it at least 30 days before your next pre-authorized debit payment, or for more information on your right to cancel a PAD Agreement, please contact your financial institution or visit www.payments.ca.

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

Based on this PAD Agreement we will automatically set up a payment arrangement each year when your Employer Payroll Statement is processed or whenever the balance changes on your account throughout the year. Whenever we set up a new payment arrangement on your account, you will be sent a Payment Arrangement Schedule a minimum of 10 days before the next scheduled payment date unless you authorize an earlier payment. This schedule will show the dates and amounts of all your scheduled payments and you can call us up to 3 business days before the next payment date to cancel your arrangement. Monthly statements will only generate when there are other transactions, not including payments on the account. Please retain your payment schedule for details on payment date and amount. You must contact us if any of the information you provide on this form changes.

Important: Any default payments will result in interest being charged to your full outstanding balance and a non sufficient fund charge. End of year estimate updates will be deducted on the next scheduled payment date or December 31st whichever is sooner.

REPORTING REQUIREMENTS FOR INTEREST-FREE PLAN

To be eligible to pay by interest-free installments, employers must have the following:

1. Submitted payroll statements with the required information for all years;
2. An annual assessment of \$50 or more;
3. Provided a reasonable estimate of payroll for the current year which is at least equal to the prior year's actual payroll or the average of the three years prior.

PAYMENT FREQUENCY DETAILS:

- Quarterly is 4 equal payments in April, June, September and December on the same day.
- Monthly is every month on the same day.
- Note: if last day of month is selected, payment date will adjust to be last day of each month.
- Semi-monthly is the same 2 days each month. Second date is 15 days from your start date.
- Bi-weekly is every two weeks on the same day.
- Weekly is every week on the same day.

Payment start date must be:

For Quarterly or Monthly – between April 1st and 30th

For Semi-monthly – between April 1st and 15th

For Bi-weekly – between April 1st and 14th

For Weekly – between April 1st and 7th

Based on the payment start date you provide for this year, we will use this date to determine the start date for future years.

Example: For 2018, you select monthly with a start date of April 2nd, 2018. Future year payments will start on April 2nd.

This information is collected and used to process benefits and payments under the authority of the Workplace Health, Safety and Compensation Act, 2022, and in accordance with the Access to Information and Protection of Privacy Act, 2015. For more information, please see WorkplaceNL's Policy GP-01: Information Protection, Access and Disclosure available on workplacenl.ca or call 1.800.563.9000.

CONTACT US

For more information, call 709.778.1125 or 1.800.563.9000, ext 1125.