



***KELSEY TRAIL HEALTH REGION  
AUTHORIZATION FOR AUTOMATIC TRANSFER PAYMENT***

Client Name \_\_\_\_\_

Facility \_\_\_\_\_

I hereby authorize the Kelsey Trail Health Region Finance Department to automatically debit my bank account for the total amount owing to the organization on the 1<sup>st</sup> working day of the month.

Attached is a void cheque showing the route, transit and account information to be used for the transfer.

Please also transfer funds to maintain my trust account at \$ \_\_\_\_\_.

\_\_\_\_\_  
Signature of Client or Power of Attorney

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

Effective Date: \_\_\_\_\_

\*\* Please return to your local Kelsey Trail Facility or by mail to:  
Kelsey Trail Health Region  
PO Box 1780  
TISDALE SK S0E 1T0