St. Mary's GENERAL HOSPITAL

Solutions
Weight Management Program
For Everyday Living

PAYMENT OPTIONS

Pre-Authorized Payment Authorization

I authorize St. Mary's General Hospital (Solutions Weight Management Program) to process a debit, in paper, electronic or other form for the full amount owing.

Select One: ☐ VISA ☐ MASTERCARD ☐ CHEQUE

☐ PAYROLL DEDUCTION

Account # _____Expiry Date:_____

I affirm and understand that there are inherent risks involved in all health and fitness activities, and I am aware of and appreciate these risks. I assume full responsibility for any and all injuries or damages which may occur to me.

_____ _____

Signature of Participant Date

PAYMENT: (office use only)

Total:	Cash: ☐	Cheque: ☐	Visa: ☐	Mastercard: ☐