



Oshawa Curling Club
 226 Bond Street East
 Oshawa, Ontario
 L1G 1B5
 905-728-6281
 (Fax) 905-728-4808

Pre-Authorized Debit (PAD) Agreement

Member/Account Holder Details

Current Season:

Member Name:		Membership ID#:	
Account Holder Name:			
Address:			
City:	Province:	Postal Code:	
Phone Number:	Email Address:		

Bank Account Information

Financial Institution Name:			
Institution Number	Branch Transit Number	Account Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Account Type (Chequing/Savings):		Account Category (Personal/Business)	

Pre-Authorized Debit (PAD) Details

I hereby authorize The Oshawa Curling Club to automatically withdraw all annual membership dues, associated fees and applicable taxes for the current season associated with the member listed on this document from the account indicated above according to the following payment schedule.

Monthly on the _____ day of each month
 Semi-monthly on the _____ AND _____ days of each month.
 Bi-weekly every second _____ (day of week)
 Weekly each _____ (day of week)

The total membership dues, fees and taxes of \$ _____ will be divided into _____ payments of \$ _____ and _____ payment(s) of \$ _____ beginning on _____ (MM/DD/YYYY).

I further authorize any additional fees associated with the membership listed above which may become due outside the scope of this payment schedule to be withdrawn from the same account listed above for which I will be provided with thirty (30) days written notice at the address or email address listed in **the Member/Account Holder Details** section of this document.

This authority is to remain in effect until The Oshawa Curling Club has received all dues and fees associated with my membership for the specified season or has been provided with written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address in the header of this document. I may obtain a sample cancellation form or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my our recourse rights, I we may contact my financial institution or visit www.cdnpay.ca

Signature	
Name (Print)	Date (mm/dd/yyyy)