



1. Client Information

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

Child's Name: _____ Registered Program: _____

2. Bank Account Information (Complete the info below AND attach a [Void Check OR Direct Deposit Form])

Deposit Account Number: _____ Branch Transit Number (5 digits): _____

Financial Institution Number (3 digits): _____ Chequing Account Savings Account

Type of service: Personal Business

3. Pre-Authorized Debit (PAD) Details

You, the Payer, authorize the Boys & Girls Club of Cochrane and Area (BGCCA), and the designated financial institution (or any other financial institution the Payer may authorize at any time) to begin deductions as per your instructions for monthly recurring payments and/or one-time payments from time to time, for payment of all charges arising under your Boys & Girls Club of Cochrane and Area account(s). Regular monthly payments for the full amount of services delivered will be debited to your specified account on the 1st day of each month or the following business day. Boys & Girls Club of Cochrane and Area will obtain your authorization for any other one-time or sporadic debits.

You may revoke your authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or more information on your right to cancel a PAD agreement, contact your financial institution or visit www.cdnpay.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 PAD 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.cdnpay.ca.

Payments that are rejected (ex: insufficient funds) will be subject to a \$25 administration fee, per occurrence.

Signature of Account Holder(s)

Date

Name of Account Holder(s) (Please print)