Pre-Authorized Debit (PAD) Policies (Source: Canadian Payment Association)

Complete if planning to pay fees by PAD. Schedule B Payors Paid agreement & Policy

- Obtain and complete Schedule B Payors PAD agreement from the club. By submitting this form you are entering into a contract to pay the fees set out with your registration.
- 2. Attach a VOID unsigned cheque for the bank account to be used
- Amount will be for a FIXED or otherwise specified amount to come out monthly. You will not be able to use this account for other club fees or charges.
- Fees will be processed on set intervals for the current registration season on a monthly basis. You will not be able to request
 a change or suspend payment for monthly fees unless cancelling this PAD agreement. (subsequent administration fees
 would be applied)
- To change the account being used requires: new PAD agreement and 7 business days before fees are withdrawn. (Include new VOID cheque)
- To cancel a PAD: Provide written, dated note to the main office requesting permanent suspension of the PAD agreement.
 Include the date of the effect and provide adequate information on intentions for remaining or outstanding fees. Cancelling a PAD does not terminate any annual fee obligations as specified, per program policies.
- Report any PAD problems to main office (gymmies@rogers.com or 905-765-1623) immediately.
- 8. PAD NSF should a PAD not clear due to insufficient funds, account information error, account closure, etc. a \$25.00 administrative fee will apply. The fee and any outstanding fees will be owed to the club within 7 business days. If not paid, program participation will be suspended indefinitely until received.

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| Members information | | | |
| Your Name: | | | |
| Address: | | | |
| Phone Number: | | | |
| Member Signature: | | Date: | |
| Members Financial Institution INFORMATION (numbers found a | long bottom of VOID cheque | | |
| - | | Account Number: | |
| Branch Number (5 Digits) | Institution Bank Number (3 Digits) | Account Number: | |
| Name of Financial Institution: | | | |
| Branch: | Address: | | |
| ty: Postal Code: | | | |
| PAYEE INFORMATION | | | |
| Payee Name: Caledonia and Grand River Gymmies Gymnastics Address: 10 Kinross Street E, Caledonia ON N3W1E2 | | | |
| none: 905-765-1623 Name of Authorized Signature: Lisa Martin, Club Director | | gnature: Lisa Martin, Club Director | |
| Signature of Authorizing Signing Officer: | | | |
| Members Payment Information (Fees) | | | |
| | | | |
| Total: Or varying, fixed amount: | | | |
| Occurs at set intervals (Monthly) | | | |
| All othe withdrawls from this account throughout the month are NOT possible | | | |

| Credit Card Option: | | |
|------------------------------------|--------------------------------------|--|
| Visa or Mastercard | | |
| (American Express or visa debit No | OT accepted) | |
| Please fill in the portion bel | ow if paying by monthly credit card. | |
| Visa | Mastercard | |
| Credit Card Number: | | |
| Exp. Date: | | |
| CVC: | | |
| Name on Card: | | |
| Additional Informat | tion: | |
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