



PO Box 603, Crossfield, Alberta T0M 0S0
crossfieldskatingclub20@gmail.com www.crossfieldskating.com

Personal Pre-Authorized Debit (“PAD”) Agreement

Parent / Guardian Information

Name: _____ Tel. #: _____
Address: _____ City: _____
Province: _____ Postal Code: _____
Skater’s Name: _____

Pre-Authorized Debit from Canadian Chequing or Savings Account (“PAD Account”)

Account Number: _____
Transit Number: _____
Financial Institution Number: _____
Chequing: Savings:
Financial Institution Name: _____
Financial Institution Address: _____

Pre-Authorized Debit (PAD) Details

Fundraising Bond:

By signing below you authorize the Crossfield Skating Club (the “CSC”) to debit the PAD Account for fundraising fees in the following amounts if the mandatory volunteer requirements for your skater have not been met by the end of the season. Please mark appropriate box:

- CanSkate Half Season (6 volunteer hours): \$150.00 on April 1, 2025
- CanSkate Full Season (12 volunteer hours): \$300.00 on April 1, 2025
- Jr/Sr StarSkate (16 volunteer hours): \$500 on April 1, 2025

IMPORTANT: Please attach a void cheque from the PAD Account or a Direct Debit form from your financial institution.

IMPORTANT: If your PAD Account is a joint account, all authorized signatures are required. You confirm that you have read, understand and agree to the Terms and Conditions of this PAD Agreement.

IMPORTANT: If there are non-sufficient funds (“NSF”) in the PAD Account at the time of any withdrawal, a NSF Fee will be charged in addition to any other amounts owing.

Signature of Account Holder:

Name (Please Print):

Date (Month/Day/Year)

Signature of Joint Account Holder:

Name (Please Print):

Date (Month/Day/Year):

Please submit completed PAD Agreement by email to crossfieldskatingclub20@gmail.com, or by mail to the Crossfield Skating Club, PO Box 603, Crossfield, AB, T0M 0S0.

PAD Agreement Terms and Conditions

- 1. Accuracy.** You warrant to the CSC on a continuing basis that all persons whose signatures are required to deal with the PAD Account have signed this PAD Agreement and that the information set out above in this PAD Agreement with respect to the PAD Account is accurate and complete. You will notify the CSC in writing (by completing a new PAD Agreement) of any change in such information at least 30 days prior to the due date of a PAD.
- 2. Cancellation Rights.** You may cancel this PAD Agreement at any time by giving the CSC 30 days prior written notice. Cancelling this PAD Agreement does not relieve you of any obligation to pay all amounts owing to the CSC. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, please contact your financial institution.
- 3. Recourse Rights.** You have certain recourse rights if any PAD does not comply with this PAD Agreement. To obtain more information on your recourse rights please contact your financial institution.