



Region Of Waterloo Swim Club
Direct Debit Program Authorization Form

To authorize **Region Of Waterloo Swim Club** to receive payments debited from your account, complete all sections or request that your financial institution staff complete, stamp and sign in the boxes on the bottom of this page. Sign the form on the reverse side*.

PAYEE : **Region Of Waterloo Swim Club**
 420 Weber St N Suite 103, Waterloo, ON **N2L 4E7** Telephone: (519) 885-1310

REGION OF WATERLOO SWIM CLUB CUSTOMER (PAYOR) INFORMATION (Please Print):

Business Name (if applicable): _____

Last Name: _____ First Name: _____

Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

Region Of Waterloo Swim Club Customer Reference Number: _____

CUSTOMER'S FINANCIAL INSTITUTION (F.I.) ACCOUNT INFORMATION:

Name of Financial Institution: _____

Branch Street Address: _____ Telephone: _____

City/Town: _____ Postal Code: _____

The account that **Region Of Waterloo Swim Club** is authorized to draw upon is indicated below. A specimen cheque if available for this account has been marked "VOID" and attached to this authorization.

Financial Institution Use Only, Please	
Account Number at F.I.:	

Institution # (Route)	Branch # (Transit)
-----	-----

F.I. Branch to Stamp & Sign as Verification	
F.I. Staff Signature	Date

(Continued on other side)



Region Of Waterloo Swim Club Direct Debit Program Authorization Form

AGREEMENT BETWEEN REGION OF WATERLOO SWIM CLUB AND CUSTOMER(s) (referred to as I/We) AND FINANCIAL INSTITUTIONS:

I/We acknowledge that this authorization is provided for the benefit of the **Region Of Waterloo Swim Club** and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I/We hereby authorize **Region Of Waterloo Swim Club** to draw on my/our account, with my financial institution as indicated on the reverse of this authorization for the following purpose:

- (a) Specify the category – **Membership Fees**
- (b) Specify the purpose – mortgage, utility, supplies, lease
- (c) If Sporadic, specify the required valid authorization for processing each debit – password or secret code, signature

The authorized fixed amount of this debit is \$. The maximum allowable amount for this debit is: \$. The authorized frequency of debit transaction is **monthly** on the **1st or 15th** (circle) of every month, beginning **OCTOBER**

Region Of Waterloo Swim Club will provide me/us with written notice of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD. Notice will be provided every time there is a change in the amount or payment date(s).

This agreement may be cancelled at any time by providing **Region Of Waterloo Swim Club** notice in writing or orally (with proper authorization to verify the identity of the payor), 30 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Region Of Waterloo Swim Club**. For more information on my right to cancel a PAD, I may contact my financial institution or visit www.cdnpay.ca.

This Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and **Region Of Waterloo Swim Club**.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Region Of Waterloo Swim Club**. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

I/We consent to the disclosure of any personal information contained in this document, necessary for the proper processing of this Payor's PAD Agreement to Libro Credit Union limited.

Customer Signature: _____

Date: _____

Customer Signature: _____

Date: _____