



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. Customer Information (Please Print Clearly)

Name: _____

Street Address: _____ City: _____

Province: _____ Postal Code: _____ Telephone Number: _____

2. Bank Account Information

Unit Number: Office Use ☐ Chequing Account ☐ Savings Account Financial Institution Number: 3 digits

Branch Transit Number: 5 digits Account Number: 7-10 digits

Financial Institution: Name: _____

Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You, the Payor, authorize ELBOW VALLEY RESIDENTS CLUB to debit the bank account identified above for one, or more, of the specific fees checked off below. We, the Payee, ELBOW VALLEY RESIDENTS CLUB will provide you, the Payor, 10 days' written notice, via regular mail, of the amount change of each regular debit. Written pre-notification will always be given to you when the regular monthly fees change. Regular monthly fees will be debited on the first day of the month or on the next business day.

These fees are for (check one or more):

☐ Monthly Elbow Valley Residents Club Fees

☐ Monthly Organics Fees

☐ Black Garbage Bin (\$74.95 + GST), one time

☐ Blue Recycle Bin (\$74.95 + GST), one time

☐ Green Organics Bin (\$74.95 + GST), one time

These services are for:

☐ Personal use

☐ Business use

You, the Payor, may revoke your authorization at any time via telephone, facsimile, e-mail, mail or hand delivery to the contact locations shown below, subject to providing notice of at least five business days before the last working day of a calendar month. To obtain a sample cancellation form or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Name: _____
(print name)

Date: _____

Signature of Joint Account Holder (if applicable):

Name: _____
(print name)

Date: _____

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 debit 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.

**Please print the completed form for
signature.**

**Completed forms can be submitted by
mail, fax or email.**

ELBOW VALLEY RESIDENTS CLUB
100 Misty Morning Drive
Calgary, AB T3Z 2Z7
Tel: 403-240-4386 Fax: 403-246-8734
Email: administrationmanager@elbowvalley.org

Please attach void cheque of the account to be debited