

Evergreen Squash Club of West Vancouver

Pre-authorized Variable Debit (PAD) Agreement

1) Payor Information (Please print clearly)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Member Name (if paying on behalf of another person): _____

2) Bank Account Information (or attach VOID cheque

Financial Institution: Name _____

Branch Address _____

Institution No:	Transit (Branch) No.:	Account No:
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Debit Amount: \$ Variable up to \$1,000

Chequing

Savings

Authorization Date: From: ____/____/____ To: Until notified (30 days written notice required)
mm dd yyyy

3) Pre-Authorized Variable Debit ("PAD") Details

I/We authorize Evergreen Squash Club of West Vancouver ("Evergreen") and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Evergreen account(s). Regular monthly payments will be debited to my/our designated account as per Evergreen's Rules and By-Laws.

These services are for (check one) ___ ___ personal or ___ ___ business purposes.

Evergreen Squash Club of West Vancouver will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until Evergreen Squash Club of West Vancouver has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by <https://www.payments.ca/paying-pre-authorized-debit>.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit <https://www.payments.ca/paying-pre-authorized-debit>. Cancelling your pre-authorized debit agreement does not cancel your agreement for membership with Evergreen.

By signing this form, I/we understand and accept that monthly payments constitute a portion of **full one-year membership dues**, plus other fees as appropriate, and that regardless of how often or when I/we utilize the club facilities during the membership year (typically September 1st through August 31), I/we agree that twelve monthly PAD payments are due and payable for every membership year. Membership is perpetual and carries on automatically, unless I/we provide written notice to the Club Manager, at the address given below, before the start of the new membership year.

I/We understand and accept the terms of this PAD Agreement.

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name (Please print)

Name (Please print)

Date

Date

When the form is complete, submit to:

Evergreen Squash Club of West Vancouver
1802 Glenaire Drive
West Vancouver, BC V7P 1Y1
604.985.8636
manager@evergreensquash.com