



2017-2018 PAD Form - Killarney Gators Swim Club

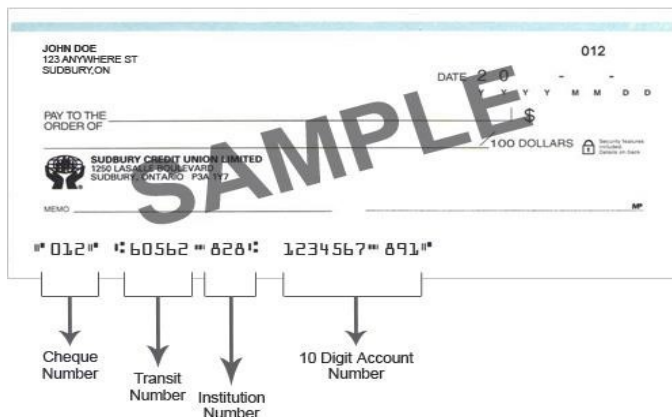
Please complete the Pre-Authorized Debit (PAD) agreement below.

I authorize Gators Swim Club, and the financial institution designated to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments, for payment of all charges arising under my account. Regular monthly payments will be debited to my specified bank account on the 1st day of each month. This authority is to remain in effect until Gators Swim Club has received written notification from me of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided above. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca. Gators Swim Club may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me. I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Please complete the Pre-Authorized Debit - (Type of service: Personal ___ Business ___)

Member's Information (Print Clearly)			
Parent's Name:			
Swimmer's Name			
Address:			
City, Province:		Postal Code:	
Phone Number:		Email:	

Bank Account Information (see example below)			
Transit Number (5 digits):		Institution Number (3 digits)	
Account Number (10 digits)			
Financial Institution Name:			
Branch Address:			



Date: _____

Name (Print): _____

Signature of account holder: _____

Email: registrar@gatorswimclub.ca

Killarney Gators Swim Club
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