

# Evergreen Squash Club

## Pre-authorized Variable Debit (PAD) Agreement

### 1. Payor Information (Please print clearly)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 2. Bank Account Information

Payor Account Number:

Debit Amount: \$ Variable up to \$1,000

Branch Transit Number:

Financial Institution Number:       Chequing  Savings

Financial Institution: Name \_\_\_\_\_

Branch Address \_\_\_\_\_

Transaction Date: From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: Until notified  
mm dd yyyy

Please attach a void cheque.

### 3. Payee Information (Office only)

Evergreen Squash Club

Account #:         Branch Number: 21

By signing this form, I also confirm I am aware that Evergreen Squash Club is not a licensed premises under Provincial regulations. By renewing my membership or enrolling as a new member, I/we understand and accept that monthly payments constitute a portion of a full one year membership plus other fees as appropriate. They are NOT for a monthly membership or portion of a yearly membership as such memberships are not available. 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 PAD payments are due and payable in the one year membership period.

# Evergreen Squash Club

## 4. Pre-Authorized Debit (PAD) Details

I/We authorize Evergreen Squash Club 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 Squash Club account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the \_\_\_\_\_ day of each month. These services are for membership and other fees such as tournaments and club events.

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

Evergreen Squash Club 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 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 visiting [www.cdnpay.ca](http://www.cdnpay.ca).

In the case of variable amount PADs, Evergreen Squash Club will provide 10 days written notice prior to any changes in the fees and/or its schedule.

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 [www.cdnpay.ca](http://www.cdnpay.ca)

I/We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if appropriate)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

When the form is complete, submit to:

Evergreen Squash Club  
1802 Glenaire Drive  
West Vancouver, BC  
V7P 1Y1  
604.985.8636  
[manager@evergreensquash.com](mailto:manager@evergreensquash.com)