



HALIFAX TROJAN AQUATIC CLUB

Payor's Pre-Authorized Debit (PAD) Agreement

Swimmer's Name:

Member Information (please print clearly):

Mr./Mrs./ Ms./ Miss	Surname	First Name
Address		
City	Province Nova Scotia	Postal Code
Telephone: Home	Telephone: Work	Telephone: Cell

Bank Account Information:

Please provide a copy/scan of a blank cheque or a bank form with your account information

Pre Authorized Debit Details:

These services are for Personal Use

You, the payor, authorize the Halifax Trojan Aquatic Club (HTAC) to debit the bank account identified above for fixed amount up to _____ Starting October 15, 2022 and ending June 15, 2023 (or the next business day) representing membership dues.

and a variable amount on July 15, 2023 and/or August 15, 2023 to represent any overage incurred for expenses other than membership dues including but not limited to swim meet dues, equipment orders and fundraising commitments. The variable amount will be communicated to the payor in writing 10 business days prior to withdrawal.

I also authorize a variable amount on a monthly basis up to (please specify amount) _____

to be added to my monthly fee to cover incidental expenses with the club such a social events and team gear



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You, the payor, may revoke your authorization at any time in writing subject to providing notice at least 10 business days prior to next scheduled payment. A form for such a request may be obtained from the Halifax Trojan Aquatic Club (HTAC) . Revocation of the authorization does not terminate any contract for services that exists between me/ us and HTAC. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for services exchanged.

I/We agree that the information contained in the Authorization may be disclosed to the Royal Bank of Canada as required to complete any PAD transaction.

Signature of Account Holder(s)

Signature

Signature

Name: Please Print

Name: Please Print

Date:

Recourse Statement:

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 information on your recourse rights, contact your financial institution or visit www.cdnpay.ca