**St. James Seals Swim Club**

Pre-Authorized Payment Agreement

(1 form for each family required)

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| --- | --- |
| Group | October to June Monthly Fees\* |
| Pups 1 and 2 | $103.00 |
| Pups 3 | $139.05 |
| Pups 4 | $154.50 |
| Junior 1 | $164.80 |
| Junior 2 | $175.10 |
| Senior 1 | $190.55 |
| Senior 2 | $200.85 |
| Senior 3 | $211.15 |
|  |  |
| Fundamentals | $135/program\*\* |

Swimmer Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Swim Groups: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pre-authorized amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Withdrawal Date: 1st of month 15th of month

\*PAP Admin fee is $25 charged of first withdrawal only (non-refundable)

\*\* No Admin fee charged

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE READ ENTIRE DOCUMENT & SIGN TERMS AND CONDITIONS OF THIS AGREEMENT

PAYOR’S PAD AGREEMENT

Personal Pre-Authorized Debit Plan

Terms & Conditions

1. In this Agreement, “I”, “Me” and “My” refers to each Account Holder who signs agreement
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.
	1. I authorize the Payee indicated on the previous pages hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a “Personal PAD”) on my account indicated on the previous pages hereof (the “Account”) at the financial institution indicated on the pervious pages hereof (the “Financial Institution”).
	2. I authorize the Financial Institution to honour and pay such debits.
	3. This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.
	4. I agree that any direction I may provide to draw Personal PAD, and any Personal PAD drawn in accordance with this agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.
3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.
	1. This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.
	2. The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PAD’s.
	3. I understand that I may obtain a sample cancellation form or further information on my right to cancel a PAD Agreement, at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca).
4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee’s financial institution and agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.
6. I understand that with respect to:
	1. Fixed amount Personal PADs occurring at set intervals, I shall received written notice from the Payee of the amount to be debited and the due date(s) of debiting, and at least ten (10) calendar days for Paper Agreements, fifteen (15) Electronic Agreements before the due date of the first Personal PAD, and such notice shall be received every time there is a change in the amount or payment date(s).
	2. Variable amount Personal PADs occurring at set intervals, I shall receive written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least ten (10) calendar days before the due date of every Paper PAD/ 15 calendar days for Electronic PADs befor the due date of the first Personal PAD; and
	3. .Fixed amount and variable amount of every Paper and/or Electronic Personal PADs occurring at set inter, where the Personal PAD Plan provides for a change in the amount of such fixed and variable amount PADs as a result of my direct action (such as, but not limited to, a telephone instruction) requesting the Payee to change the amount of a PAD, no pre-notification of such changes is required.
7. I agree that with respect to Personal PADs, where the payment frequency is sporadic, a password or secret code or other signature equivalent will be issued and shall constitute valid authorization for the Payee or its agent to debit my account.
8. I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account Information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
9. I understand that I have certain recourse/reimbursement rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visit the CPA website at [www.cdnpay.ca](http://www.cdnpay.ca).
10. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In addition I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
11. I agree that a payment service provider will administer the PAD. The St. James Seals Swim Club will be administering the PAD.
12. I understand and agree to the foregoing terms and conditions.
13. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulations which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.

PAYOR’S PAD AGREEMENT PLAN

Personal Pre-Authorized Debit Plan

Please complete all sections, sign the Terms & Conditions, & return completed form with “VOID” cheque.

PAYOR INFORMATION (Please type or print clearly)

**Date:**

**Signature of Payor(s):**

**Telephone:**

**Address:**

**Payor Name(s):**

|  |  |  |
| --- | --- | --- |
| **Branch Number** | **Institution #** | **Account Number** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Name of Financial Institution** |
| **Branch** |
| **Branch Address** |
| **City/Province** | **Postal Code** |

**PAYEE INFORMATION (Please type or print clearly)**

|  |  |
| --- | --- |
| **Payee Name:** |  |
| **St. James Seals Swim Club** |
| **Address:** |  |
| **Silver Heights PO Box 54008, Shoppers Drug Mart, 2533 Portage Ave, Winnipeg, MB, R3J 0P0** |
| **Telephone:** | **204-963-2343** |
| **Email:** | **sjsacct@mymts.net** |

|  |  |
| --- | --- |
| **Payee Name:** |  |
| **St. James Seals Swim Club** |
| **Address:** |  |
| **Silver Heights PO Box 54008, Shoppers Drug Mart, 2533 Portage Ave, Winnipeg, MB, R3J 0P0** |
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