



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

YMCA of Lethbridge

140 – 74 Mauretania Road

Lethbridge, AB T1J 5L4

Member Information

UID	Last Name	First Name
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Bank Account Holder Name _____

Address	City/Province	Postal Code
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The undersigned hereby authorize(s) the YMCA of Lethbridge and the financial institute designated to begin deductions as per our instructions for monthly regular and recurring membership payments, and for payment of all charges arising under our YMCA of Lethbridge account, including any applicable taxes, on the 1st of each month. The PAD category for this pre-authorized debit agreement is **personal**.

The YMCA of Lethbridge will debit a monthly payment (including GST) of

Strong Kids Donation

TOTAL

Attach VOID cheque OR provide financial institution information

☐ Chequing Account ☐ Savings Account

[illegible]

Name of Financial Institution _____ Branch _____

Branch Address	City/Province	Postal Code
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This authorization is revocable provided the YMCA of Lethbridge has received written notification of termination on one of our cancellation forms prior to the 20th day of the month before the next scheduled payment. If a payment is declined for insufficient funds or any other reason, we acknowledge an NSF fee of \$40 will be applied to the account. The YMCA of Lethbridge's treatment of each debit shall be the same as if the undersigned has personally directed the YMCA of Lethbridge to charge the amount specified to the account of the undersigned. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, you may contact your financial institution or visit www.payments.ca. You have certain recourse rights if any debit does not comply with this PAD Agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or not consistent with this PAD Agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.payments.ca.

I, _____, have read and agree to the terms of the PAD Agreement.

Signature _____ Date _____

OFFICE USE ONLY:

Verify payment method is set to 'PAD Withdrawal' _____ Is this an update ? _____

Verify debit amount agrees to monthly membership in Core

If dated between 25th and end of month, verify that payment was taken for both partial-current and next-full month _____

Amount paid Payment method:

MSR Name	MSR Signature
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