



PRE-AUTHORIZED DEBIT (PAD) AGREEMENT MONTHLY

CAA Membership # _____

Membership Expiry _____

First and Last Name(s) of account holder(s)	Telephone Number
Address (street, city, province)	Postal Code

Payee – Contact Information

Name of Organization CAA North & East Ontario	Email Address membership@caaneo.on.ca	Fax Number 613-820-1800
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Withdrawal Authorization

I, the undersigned, (if a legal person, herein represented by its duly authorized representative(s)), authorize the Payee to make monthly pre-authorized debits (PAD) from my account with the aforementioned financial institution, for 12 consecutive months per year, until such time as the agreement is expressly canceled by either party (subject to the cancellation policy per the CAA Member Handbook @ www.caaneo.ca).

Your membership is considered annual but is charged on a monthly basis; you are agreeing to pay for the full year and this constitutes a personal PAD agreement. Each withdrawal will be for approximately \$_____ (1/12 of your Annual Membership Dues) as well as a \$1.00 administrative fee that will be charged each month. For any questions, please call a CAANEO Agent at 1-800-267-8713.

Waiver:

- I hereby waive the 10 day notice period prior to the withdrawal of the funds.
- I have received a copy of this Agreement and waive all other confirmation before the first payment.

Change or cancellation:

I shall inform the Payee (CAANEO), in a timely manner, of any changes to this Agreement.

I retain the right to revoke my authorization at any time, with a pre-notification of 30 days. To obtain a sample of the cancellation form or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit the Canadian Payments Association Web site at www.cdnpay.ca. I agree to release the financial institution of any liability if the revocation is not respected, except in the case of gross negligence on its part.

I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.

I acknowledge that the delivery of this authorization to the Payee (CAANEO) constitutes delivery by me to the aforementioned financial institution.

Reimbursement

I have certain rights of recourse if a debit does not comply with the terms of this Agreement. For example, I have the right to receive reimbursement for any PAD that is not authorized or that is not compatible with the terms of this PAD Agreement. For more information on my rights of recourse, I may contact my financial institution or visit www.cdnpay.ca.

A Claim reimbursement for a disputed PAD can be made by contacting CAANEO and if unsuccessful, can be submitted for reversal to your financial institution within the following timeframes: 90 calendar days for Personal PAD; 10 business days for Business PAD.

Finally, I acknowledge that a claim for reimbursement filed after the aforementioned time limits must be settled between me and Payee (CAANEO), without any liability or commitment on the part of my financial institution.

Consent to Disclosure of Information

I hereby consent to the disclosure of the information contained in my pre-authorized debit enrolment agreement to the financial institution, provided such information is directly related to and required for the smooth application of the rules governing pre-authorized debits.

Signature of Account Holder(s)

_____ Signature of Account Holder
 _____ Date of Signature (DD/MM/YYYY)

IMPORTANT: If you change your account or financial institution, please advise CAANEO immediately.

A personal cheque marked 'VOID' OR a printed Bank Account Info Sheet must be attached for this application to be processed.

Please mail to: **CAANEO-MEMBERSHIP - PO Box 8350 Station 'T' CSC, Ottawa, Ontario K1G 3T2**