

Sussex Golf & Curling Club

Pre-Authorized Debit (PAD) Agreement

1. Member Information *(Please print clearly)*

Name(s): _____
Address: _____
Street/PO Box Municipality Province Postal Code
Phone: _____ E-mail: _____

2. Bank Account Information *(Please print clearly; you may attach a voided cheque instead of completing this section)*

Bank Account Number: _____ Branch Transit Number: _____
Financial Institution Number: _____ Chequing Account _____ Savings Account *(please check one)*
Financial Institution Name: _____
Branch Address: _____

3. Pre-Authorized Debit (PAD) Details *(Please leave this section for SGCC staff to complete)*

Membership Type/Year: _____	Price + tax: _____
Seasonal Pass(es): _____	Price + tax: _____
Other: _____	Price + tax: _____
	Total Fees Due: _____
# of months in plan: _____	Monthly Pmt: _____

You, the Payor, authorize Sussex Golf & Curling Club Limited to debit the bank account identified above for \$_____ on the 1st day of every month (or the next business day where the 1st falls on a weekend or holiday), starting on _____ and ending with a final payment on _____. It is understood that should you wish to make a lump sum payment at any time to pay your dues in full and cancel this PAD agreement, you may do so by notifying the General Manager of Sussex Golf & Curling Club at least 14 days in advance of the next PAD payment date. To obtain a cancellation form, contact the General Manager of Sussex Golf & Curling Club or visit www.sussexgolfandcurlingclub.ca. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature of Account Holder:

Name: *(please print)*

Date: ____/____/____
date month year

Signature of Joint Account Holder *(if applicable)*:

Name: *(please print)*

Date: ____/____/____
date month year

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