City of Edmonton - Community & Recreation Facilities

Continuous Monthly Membership Pre-Authorized Debit Form

RIMARY ACC	COUNT HOLDER	(MUST BE	THE PAYER	₹)			
ast Name:					First N	Name:	
referred Name:	Middle Name:						
treet Address(incl							
ity:		Postal Code:		Telep	hone Number:		
-Mail Address:							
Would you lik	e to have program info	rmation, facilit	y updates and s	pecial offers s	ent to you by e	mail? 🗆 Yes 🗅 N	 o
MEMBERSHIP	DETAILS						
MEMRERSHI	IP TYPE (Circle One):	Corno	rato Wollnoss:				
MEMBEROII	ii TTTE (Olicle Olie).	cle One): Corporate Wellness:Name of Corporation					
Regula	r Comm	Community League Name of Community League League Membership #					
							pership #
	Please indicate in bo	cx(es) below i	number of pass	ses purchase ADULT	d: SENIOR	HOUSEHOLD	1
	Value	CHILD	100111	ADULI	SENIOR	HOUSEHOLD	1
	Benefits Plus]
	TCRC Club]
CSR NAME (Fu	ıll Name Printed):				FACILITY:		
(.					_		
TOTA	L MONTHLY COST	OF MEMBER	RSHIP				
TODA	Y'S TOTAL PAYME	NT					
Today	y's payment included you		inistration fee of \{ rst pre-authorized			t of the membership up	to the
BANK ACCOL	INT INFORMATIO						
		·				ır Einanaial Inatit	n n
	se attach a VOIDED C os and Business Accou						
	ERIFIED (Circle One):		, ,			same as listed above)	
TI 0" 1"		0.5			_		Edmont
The City of Edn	nonton will assess a \$1	υ tee per trans	saction for retur	ned tunds due	to incorrect ba	nking information	

PLEASE SEE OVER

PRE-AUTHORIZED DEBIT (PAD) DETAILS

- I authorize the City of Edmonton and its Financial Institution to debit my bank account the Monthly Membership Fee on the 1st day
 of each month or the next business day.
- The Administration Fee and the first payment, a pro-rated calculation based on the number of days between the membership start date and the first debit date, must be made prior to the membership pass being activated.
- Any delivery of this authorization to the City of Edmonton constitutes delivery by the customer to the bank. It is warranted by the
 customer that all persons whose signatures are required to sign on the account have signed this authorization. The customer
 acknowledges receipt of a signed copy of this authorization.
- The Continuous Monthly Membership Fees are subject to annual increases.
- I have two membership holds of 30 days each per calendar year available. If I require more than 60 days, I will need to cancel and submit a new application to restart my membership. After 90 days the new application will be subject to a \$10 Program Administration Fee.
- The \$10 administration fee per membership is non-refundable.
- · I agree to notify the EFT Continuous Monthly team before the 15th of the month should my Bank Account information change.
- Membership monthly fees will be adjusted automatically upon birth date where the patron's age changes pass type.
- The City of Edmonton will assess a fee of \$10 per transaction if the cheque account provided does not exist, a stop payment is applied, or if a cheque is returned NSF in addition to any penalties assessed by my bank and my membership will be deactivated until my account is in good standing. My pass and this agreement will be terminated should there be 2 returned payments.
 Outstanding amounts will be sent to collections after 90 days.
- My bank account will continue to be debited monthly until I give notice to cancel and I may revoke my pre-authorized payment
 agreement by submitting the cancellation form found on edmonton.ca/membershipplan by the 15th of the month. If the
 Cancellation Form is received after the 15th of the month, the membership will remain active for an additional month. There will be
 no refunds for unused portions of a month.
- If I am receiving a discounted membership pass, I will be required to provide proof of my continued eligibility for the program when
 requested.
- I acknowledge that I have read and agree to the Membership Pass Terms and Conditions.

RIGHTS OF DISPUTE

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 agreement.

In order to be reimbursed, the customer must complete a Declaration Form at their bank branch up to and including 90 calendar days after the date of which the debit in dispute was posted to the customer's account.

The customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the City of Edmonton and the customer. To obtain more information on your recourse rights, contact your financial institution or visit www.payments.ca/payment-resources/support-guides/consumer-guides/pre-authorized-debit

Signature of Account Holder:	Signature of Joint Account Holder OR Parent/Guardian for minor account holder: (if applicable; cheques with "&" or "and" require both signatures)			
x	<u>x</u>			
Name:	Name:			
(PLEASE PRINT FIRST & LAST NAME)	(PLEASE PRINT FIRST & LAST NAME)			
Date:	Date:			

It is warranted by the customer that all persons whose signatures are required to sign on the account have signed this authorization. Please ensure you have attached with this application a voided blank cheque to ensure accuracy of banking information.

Questions regarding this program may be directed to the EFT - Continuous Monthly team at 780-944-0415.

This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. It will be used for the administration of the Pre-Authorized Monthly Payment Program. If you have any questions about the collection, use or disclosure of personal information by this program, contact the EFT - Continuous Monthly team at 780-944-0415; City of Edmonton EFT - Continuous Monthly Program, PO Box 2359, 19th Floor Edmonton Tower, Edmonton, Alberta T5J 2R7

