



## Pre-authorized Debit (PAD) Agreement

### 1. Customer Information (Please print clearly)

Name: \_\_\_\_\_

Blue Mountain Village Association Account : \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

### 2. Bank Account Information

Deposit Account Number: \_\_\_\_\_ Branch Transit Number: \_\_\_\_\_

Financial Institution Number: \_\_\_\_\_ ☐ Chequing Account ☐ Savings Account

Financial Institution: Name \_\_\_\_\_

Branch Address \_\_\_\_\_

### 3. Pre-Authorized Debit (PAD) Details

I authorize Blue Mountain Village Association to debit the bank account identified above for \$\_\_\_\_\_ plus \$2.50 on the 1<sup>st</sup> day (or next business day) of each quarter, generally July 1, October 1, January 1, or April 1<sup>st</sup> each year.

These services are for (*check one*) \_\_\_\_\_ personal \_\_\_\_\_ business use.

To revoke your authorization at any time, subject to providing notice of 15 days, obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if appropriate)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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](http://www.cdnpay.ca).

Mail this completed form with a void cheque to:

Blue Mountain Village Association  
796455 Grey Road 19, Unit 2  
Blue Mountains, Ontario L9Y 0N8  
T. 705-444-7398 F. 705-443-5547  
Attention: Moira McIntyre, CFO