



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 \$ _____ on the 1st day (or next business day) of each quarter, generally July 1, October 1, January 1, or April 1st 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.

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.

Mail or email 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
accounting@bluemountainvillage.ca