

## PRE-AUTHORIZED PAYMENTS

You'll never have to worry about keeping your Chamber membership investment in effect if you sign up for pre-authorized payment (PAP)! Authorize your monthly premiums to be paid automatically from your bank account, and you'll .....

. Save time—no cheques to write . Save postage—no envelopes to mail

. Save headaches and worries about payment..... **Use this form to choose PAP and start saving today!**

### REQUEST FOR PRE-AUTHORIZED PAYMENT PLAN:

Company Name (exact name in which account held) \_\_\_\_\_

Full Address \_\_\_\_\_

Telephone \_\_\_\_\_

Contact Name (Please Print) \_\_\_\_\_ Email \_\_\_\_\_

Purpose of Debits (check one) : \_\_\_\_\_ Personal PAP \_\_\_\_\_ Business PAP

I authorize the Chatham-Kent Chamber of Commerce to debit the account below on the 24th of each month.

I authorize the Chatham-Kent Chamber of Commerce to make monthly withdrawals in the amount of \_\_\_\_\_ for the payment of premiums of membership investment. I understand that this amount is subject to change when the Chamber of Commerce approves a new investment schedule.

I ("the Customer") acknowledge that this authorization is provided for the benefit of the Company and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Customers account in accordance with the rules of the Canadian Payments Association. I acknowledge that in order to revoke or cancel this authorization I must provide written notice 30 days before the date of the next debit. I understand that I have certain resource rights if any debits does not comply with this agreement. This authorization applies only to the *method of payment* and does not otherwise have any bearing on the contract for goods or services exchanged between the Customer and Company. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAP Agreement. I understand that I may obtain further information on my right to cancel/recourse rights by contacting my financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca)

**The Customer has attached a sample cheque, marked "VOID" to verify the necessary bank account details. The Customer warrants and guarantees to the Company and the Bank that all persons whose signatures are required to sign on the noted account have signed this Authorization. The Customer acknowledges that it has read, understands and accepts the terms and conditions of this Authorization.**

**BANK ACCOUNT INFORMATION - the account you choose must have chequing privileges. \* First debit may vary depending on account status at time of conversion.**

Bank Name \_\_\_\_\_ Address \_\_\_\_\_

Bank Account Number \_\_\_\_\_ Transit Number \_\_\_\_\_

Signature(s) of Authorized Signature of Account Holder \_\_\_\_\_ Date \_\_\_\_\_