

**The Town of Fort Frances  
Memorial Sports Centre  
320 Portage Ave.  
Fort Frances, ON  
P9A 3P9  
Telephone (807) 274-5323**

**Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.**

I/we authorize The Town of Fort Frances (Town), and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Memorial Sports Centre membership(s). I/We am/are the person(s) who are (is) required to sign on the designated account. Payments will be debited to my/our specified account at the intervals as indicated below. The Town will obtain my/our authorization for any other one-time or sporadic debits.

**I/We waive the pre-notification period for fixed amount PAD(s).**

This authority is to remain in effect until the Town has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca). I/We understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to the Town are ended.

The Town may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/We have received a signed copy of this authorization form.

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE NUMBER (BUS) \_\_\_\_\_ (RES) \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_ BRANCH ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

BANK NUMBER\* \_\_\_\_\_ TRANSIT NUMBER\* \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

Type of Service: Personal \_\_\_\_\_ Business \_\_\_\_\_ Please indicate the membership(s) you wish to pay by Pre-Authorized Payment:

Start Date: \_\_\_\_\_  Student – 6 Month  Student – 1 Year

End Date: \_\_\_\_\_  Family – 1 Year  Adult – 6 Month  Adult – 1 Year

Membership #: \_\_\_\_\_  Senior – 6 Month  Senior – 1 Year

15<sup>th</sup> or Next Business Day of Month  Last Day of Month or Next Business Day

DATE \_\_\_\_\_ CUSTOMER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ CUSTOMER SIGNATURE \_\_\_\_\_

*Please attach a voided cheque or Customer Account Information document from the financial institution, for the account from which you wish payment to be made.*

\* Fort Frances bank and transit numbers are:

	Bank	Transit
CIBC	0010	00087
Credit Union	0828	63302
Royal	0003	01592
TD	0004	60407

Office Use Only
Monthly Amount: \$