

Pre-Authorized Debit (PAD) Agreement

Annual Membership Categories:

- | | |
|--|---|
| <input type="checkbox"/> New Full \$115 (\$9.58 monthly) | <input type="checkbox"/> Renew Full \$110 (\$9.17 monthly) |
| <input type="checkbox"/> New Student \$95 (\$7.92 monthly) | <input type="checkbox"/> Renew Student \$90 (\$7.50 monthly) |
| <input type="checkbox"/> New Associate \$100 (\$8.33 monthly) | <input type="checkbox"/> Renew Associate \$95 (\$7.92 monthly) |

#10727 2791 RR0001

I (first and last name), _____,

hereby authorize the Early Childhood Educators of British Columbia to debit my bank account # _____

at Branch # _____ at (name of financial institution) _____

in the amount of \$ _____ on the **1st or 15th** (please circle one only) day of each month.

This authorization is for the period of **one year**, from:

_____ to _____

(i.e. April 1, 2016 to March 1, 2017)

I understand that my annual membership and payment plan will automatically renew on a year to year basis unless cancellation notice is received by ECEBC at least 30 days in advance of the final payment date shown above.

___ *I also wish to support ECEBC through a donation (or continue to section B on page 2)*

Please debit my bank account:

___ \$10 ___ \$20 ___ \$25 ___ \$50 Other Amount \$ _____ (specify)

I would like this donation debit to be processed through my account on the:

- ___ *1st day of each month or*
- ___ *the 15th of each month or*
- ___ *other (please describe) _____*

This donation is made on behalf of: _____ an Individual _____ a Business

B. Authorization

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

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 PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

_____	_____
Member Signature	Date

Address/Contact Information: _____

**Please attach a void cheque in this section
(tape only, no staples)**