



# Pre-Authorized Debit (PAD) Agreement

## Annual Membership Categories:

**New Full**     \$115     (\$9.58 monthly)

**Renew Full**     \$110     (\$9.17 monthly)

**New Associate**     \$100     (\$8.33 monthly)

**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 **1<sup>st</sup> or 15<sup>th</sup>** (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:

\_\_\_ 1<sup>st</sup> day of each month or  
 \_\_\_ the 15th of each month or  
 \_\_\_ other (please describe) \_\_\_\_\_

This donation is made of 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](http://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](http://www.cdnpay.ca).

_____	_____
<b>Member Signature</b>	<b>Date</b>

### Address/Contact Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**Please return form to:** ECEBC, 309 – 515 West Pender Street, Vancouver, BC V6B 1V5  
**Phone:** 604.709-6063 or 1.800.797.5602 **Fax:** 604.709.6077 **Email:** [snygren@ecebc.ca](mailto:snygren@ecebc.ca)