



Please complete the Pre-Authorized Debit (PAD) Plan agreement below (please include a VOID cheque).

I/we authorize London Aquatic Club, 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 London Aquatic Club account. Regular monthly payments for the full amount of membership, meet and other fees will be debited to my/our specified account on the 15th day of each month. London Aquatic Club will provide 10 days written notice via email of the amount of each regular debit. London Aquatic Club will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until London Aquatic Club 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.

London Aquatic Club 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

PLEASE PRINT

Name(s): _____ (per chequing account)

London Aquatic Club A/C #: _____ (8 digit alpha numeric per simmer statement)

Type of Service: Personal Business (should be marked personal)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____ (branch -5 digits; FI – 3 digits)

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____ Date: _____

* For joint accounts, both account holders must sign if more than one signature is required on cheques.

London Aquatic Club
c/o Donna Moskal
1045 Wonderland Road N, London ON N6G 2Y9
TEL: 519-857-7946
E-mail: lacmembership01@gmail.com