Payor's Pre-Authorized Debit (PAD) Agreement

Name .			
Street Address:			City:
Province:	Postal Code:	Teleph	hone Number:
2. Bank Account Info	rmation		
Unit Number	_ Chequing Account	Savings Account	Financial Institution Number:
Branch Transit Number:		count Number:	
Financial Institution:		South Number:	
3. Pre-Authorized De	bit (PAD) Details		
specific fees checked off be	elow. We, the Payee, <u>ELB</u> o	OW VALLEY RESIDENTS (account identified above for one, or more, of t CLUB will provide you, the Payor, 10 days' writt re-notification will always be given to you when t
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specific fees checked off be notice, via regular mail, of the regular monthly fees changed. These fees are for (check one Monthly reside Recycling pick Organics pick of the Payor, may revoked docations shown below, subjections a sample cancellation institution or visit www.cdn	elow. We, the Payee, <u>ELBa</u> ne amount change of each ne amount change of each ne amount change of each ne or more): ntial homeowner associatio up fees up fees your authorization at any ect to providing notice of <u>a</u> on form or for more inform pay.ca.	OW VALLEY RESIDENTS (a regular debit. Written produced in the first down the first down fees Personal use Y time via telephone, factor teleast five business days rmation on your right to	CLUB will provide you, the Payor, 10 days' writt re-notification will always be given to you when to lay of the month or on the next business day. Black Garbage Bin (\$74.95 + GST), one time Blue Recycle Bin (\$74.95 + GST), one time Black Organics Bin (\$74.95 + GST), one time Business use Simile, e-mail, mail or hand delivery to the contour before the last working day of a calendar month. To cancel a PAD Agreement, contact your finance of Joint Account Holder (if applicable):

You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete, please mail, fax or deliver to:

ELBOW VALLEY RESIDENTS CLUB 100 Misty Morning Drive Calgary, AB T3Z 2Z7

Tel: 403-240-4386 Fax: 403-246-8734

Email: admin@elbowvalley.org