



# Southwestern Ontario District Optimist Direct Debit Program Authorization Form

To authorize **Southwestern Ontario District Optimist** to receive payments debited from your account, complete all sections or request that your financial institution staff complete, stamp and sign in the boxes on the bottom of this page. Sign and date the form on the reverse side\*.

**PAYEE :**      **Southwestern Ontario District Optimist**  
240 Richmond St London ON N6B 2H6      Telephone: (519) 679-8427

**SOUTHWESTERN ONTARIO DISTRICT OPTIMIST MEMBER (PAYOR) INFORMATION (Please Print):**

Business/Club Name (if applicable): \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Southwestern Ontario District Optimist Club Number:** \_\_\_\_\_

**MEMBER FINANCIAL INSTITUTION (F.I.) ACCOUNT INFORMATION:**

Name of F.I.: \_\_\_\_\_

Branch Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City/Town: \_\_\_\_\_ Postal Code: \_\_\_\_\_

The account that **Southwestern Ontario District Optimist** is authorized to draw upon is indicated below. A specimen cheque if available for this account has been marked "VOID" and attached to this authorization.

Financial Institution Use Only, Please	
<b>Account Number at F.I.:</b> -----	
<b>Institution #</b> (Route)	<b>Branch #</b> (Transit)
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F.I. Branch to Stamp & Sign as Verification	
F.I. Staff Signature	Date

(Continued on other side)



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**AGREEMENT BETWEEN SOUTHWESTERN ONTARIO DISTRICT OPTIMIST AND CUSTOMER(s) (referred to as I/We) AND FINANCIAL INSTITUTIONS:**

I/We acknowledge that this authorization is provided for the benefit of the **Southwestern Ontario District Optimist** and my financial institution and is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association.

I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I/We hereby authorize **Southwestern Ontario District Optimist** to draw on my/our account, with my financial institution as indicated on the reverse of this authorization for the following purpose:

- (a) Specify the category – **Personal or Business (circle one)**
- (b) Specify the purpose – Fees/due
- (c) If Sporadic, specify the required valid authorization for processing each debit – password or secret code, signature

The maximum allowable amount for this debit is: \$ \_\_\_\_\_. The authorized frequency of debit transaction is **Semi-annual on November 15th and May 15th** beginning on \_\_\_\_\_.

**Southwestern Ontario District Optimist** will provide me/us with written notice of the amount to be debited and the due date(s) of debiting, at least 10 calendar days before the due date of the first PAD. Notice will be provided every time there is a change in the amount or payment date(s).

Pre-notification may be given to me/us in writing or by \_\_\_\_\_ (mode agreed upon, i.e.: e-mail etc) or

I/we hereby waive pre-notification. Accepted by: \_\_\_\_\_ (authorized signature(s))

This agreement may be cancelled at any time by providing **Southwestern Ontario District Optimist** notice in writing or orally (with proper authorization to verify the identity of the payor), 10 days prior to the next PAD being issued. In order to revoke this authorization, I/We must provide notice of revocation to **Southwestern Ontario District Optimist**. For more information on my right to cancel a PAD, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

This Payor's PAD Agreement applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged. Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and **Southwestern Ontario District Optimist**.

I/We have certain recourse rights. I/We may dispute this PAD under any of the following conditions:

- (a) the pre-authorization debit was not drawn in accordance with this Payor's PAD Agreement; or
- (b) this Payor's PAD Agreement was revoked; or
- (c) pre-notification was not received and such pre-notification is required under the terms of this Payor's PAD Agreement.

In order to be reimbursed, I/We acknowledge that a declaration to the effect that either (a) (b) or (c) took place, must be presented to our financial institution's branch up to and including 90 calendar days in the case of a personal PAD (or up to and including 10 calendar days in the case of a business PAD), after the date on which the PAD in dispute was posted to my/our account. After such time, I/We acknowledge that the dispute must be resolved solely between me/us and **Southwestern Ontario District Optimist**. To obtain more information on my recourse rights, I may contact my financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I/We consent to the disclosure of any personal information contained in this document, necessary for the proper processing of this Payor's PAD Agreement to Libro Credit Union Limited.

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Members Signature: \_\_\_\_\_ Date: \_\_\_\_\_