Pre-authorized Debit (PAD) Agreement

Southlands Riding Club
7025 MacDonald Street
Vancouver, BC V6N 1G2
Accounts@SouthlandsRidingClub.com
604-263-4817

SOUTHLANDS
RIDING • CLUB

1. Payor Information (Please print clearly)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____Email Address: _____

2. Bank Account Information

OR attach a void cheque**.**

Payor Account Number

Debit Amount: $_Variable

Branch Transit Number

Financial Institution Number Chequing ☐ Savings ☐

Financial Institution: Name_____

Branch Address_____

Start Date: From: _____/_____/_____
mm dd yyyy

Insert the Names of the SRC Club Members that this form authorizes payment for and their relationship(s) to the Payor:

3. Payee Information (Office only)

Southlands Riding Club

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4. Pre-Authorized Debit (PAD) Details

I/We authorize **Southlands Riding Club "SRC"** 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 Southlands Riding Club "SRC" account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on or about the 25th day of each month. These services are for Membership Fees & Dues, Event Entry Fees and incidentals, Food & Beverages, Merchandise, or other items charged to my or my child's membership account.

These services are for (check one) ☐ personal or ☐ business purposes.

Southlands Riding Club "SRC" will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until **Southlands Riding Club "SRC"** has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar 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 https://www.payments.ca/resources/payment-guides/business-guides/pre-authorized-debit

In the case of variable amount PADs, **Southlands Riding Club "SRC"** will provide 10 days written notice prior to any changes in the fees and/or its schedule.

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 https://www.payments.ca/resources/payment-guides/business-guides/pre-authorized-debit.

I/We understand and accept the terms of participating in this PAD plan.

Signature of Account Holder	Signature of Joint Account Holder (if appropriate)
Name (Please print)	Name (Please print)
Date	Date

When the form is complete, submit to:

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Email: Accounts@SouthlandsRidingClub.com