

# City of Edmonton - Community & Recreation Facilities

## Continuous Monthly Membership Pre-Authorized Debit Form

### PRIMARY ACCOUNT HOLDER (MUST BE THE PAYER)

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

Preferred Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Street Address(include suite/Apt#): \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Would you like to have program information, facility updates and special offers sent to you by email?  Yes  No

### MEMBERSHIP DETAILS

MEMBERSHIP TYPE (Circle One): **Corporate Wellness:** \_\_\_\_\_

Name of Corporation

**Regular**

**Community League**

Name of Community League

League Membership #

Please indicate in box(es) below number of passes purchased:

Pass Purchased	CHILD	YOUTH	ADULT	SENIOR	HOUSEHOLD
Value					
Benefits Plus					
TCRC Club					

**PASSHOLDER NAMES:**

(Please include Current Customer if they are purchasing a pass)

**MEMBER USER ID #**

**DATE OF BIRTH**

DD-MM-YYYY

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

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

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

CSR NAME (Full Name Printed): \_\_\_\_\_ FACILITY: \_\_\_\_\_

**TOTAL MONTHLY COST OF MEMBERSHIP** \_\_\_\_\_

**TODAY'S TOTAL PAYMENT** \_\_\_\_\_

*Today's payment included your Program Administration fee of \$10 per membership and the cost of the membership up to the first pre-authorized debit withdrawal*

### BANK ACCOUNT INFORMATION (Government Issued Photo ID Required)

Please attach a **VOIDED CHEQUE** or **Pre-Authorized Debit form** completed by your **Financial Institution**

(Photocopies, Photos and Business Accounts **NOT** Permitted) (Handwritten PAD account information **NOT** valid without bank stamp)

**PHOTO ID VERIFIED (Circle One):** YES NO VERIFIED BY: \_\_\_\_\_ (Staff Initial - same as listed above)



The City of Edmonton will assess a \$10 fee per transaction for returned funds due to incorrect banking information

PLEASE SEE OVER

## PRE-AUTHORIZED DEBIT (PAD) DETAILS

- I authorize the City of Edmonton and its Financial Institution to debit my bank account the Monthly Membership Fee on the 1st day of each month or the next business day.
- The Administration Fee and the first payment, a pro-rated calculation based on the number of days between the membership start date and the first debit date, must be made prior to the membership pass being activated.
- Any delivery of this authorization to the City of Edmonton constitutes delivery by the customer to the bank. It is warranted by the customer that all persons whose signatures are required to sign on the account have signed this authorization. The customer acknowledges receipt of a signed copy of this authorization.
- The Continuous Monthly Membership Fees are subject to annual increases.
- I am unable to suspend my pre-authorized monthly membership pass. I will need to cancel my membership and submit a new application to restart my membership. **After 90 days** the new application will be subject to a **\$10 Program Administration Fee**.
- The \$10 administration fee per membership is non-refundable.
- I agree to notify the EFT - Continuous Monthly team before the 15th of the month should my Bank Account information change.
- Membership monthly fees will be adjusted automatically upon birth date where the patron's age changes pass type.
- The City of Edmonton will assess a fee of \$10 per transaction if the cheque account provided does not exist, **a stop payment is applied**, or if a cheque is returned NSF in addition to any penalties assessed by my bank and my membership will be deactivated until my account is in good standing. My pass and this agreement will be terminated should there be 2 returned payments. Outstanding amounts will be sent to collections after 90 days.
- My bank account will continue to be debited monthly until I give written notice to cancel and I may revoke my pre-authorized payment agreement by submitting a Pre-Authorized Debit Cancellation Form to the City of Edmonton EFT - Continuous Monthly Program, PO Box 2359, 19th Floor Edmonton Tower, Edmonton, Alberta T5J 2R7, or e-mail **EFTCANCELLATIONS@EDMONTON.CA** by the 15th of the month. If the Cancellation Form is received after the 15th of the month, the membership will remain active for an additional month. **There will be no refunds for unused portions of a month.**
- If I am receiving a discounted membership pass, I will be required to provide proof of my continued eligibility for the program when requested.
- I acknowledge that I have read and agree to the Membership Pass Terms and Conditions.

### RIGHTS OF DISPUTE

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 agreement.

In order to be reimbursed, the customer must complete a Declaration Form at their bank branch up to and including 90 calendar days after the date of which the debit in dispute was posted to the customer's account.

The customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the City of Edmonton and the customer. To obtain more information on your recourse rights, contact your financial institution or visit [www.payments.ca/payment-resources/support-guides/consumer-guides/pre-authorized-debit](http://www.payments.ca/payment-resources/support-guides/consumer-guides/pre-authorized-debit)

**Signature of Account Holder:**

X

**Name:**

(PLEASE PRINT FIRST & LAST NAME)

**Date:**

**Signature of Joint Account Holder OR**

**Parent/Guardian for minor account holder:**

(if applicable; cheques with "&" or "and" require both signatures)

X

**Name:**

(PLEASE PRINT FIRST & LAST NAME)

**Date:**

It is warranted by the customer that all persons whose signatures are required to sign on the account have signed this authorization. **Please ensure you have attached with this application a voided blank cheque to ensure accuracy of banking information.**

Questions regarding this program may be directed to the EFT - Continuous Monthly team at 780-944-0415.

This information is being collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act. It will be used for the administration of the Pre-Authorized Monthly Payment Program. If you have any questions about the collection, use or disclosure of personal information by this program, contact the EFT - Continuous Monthly team at 780-944-0415; City of Edmonton EFT - Continuous Monthly Program, PO Box 2359, 19th Floor Edmonton Tower, Edmonton, Alberta T5J 2R7

Edmonton