





# Authorization Form for Pre-Authorized Payments

Authorized Debits drawn against my/our Account at my/our Financial Institution in accordance with this authorization. I/we agree to the terms and conditions on the bottom of this authorization.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account. Please read Terms and Conditions below.

Submit this form, with a sample cheque marked "Void", to: Mavericks Hockey. P.O. Box 378, #16 Midlake Blvd SE T2X 2X7 or deliver by hand to Cardel Rec Reception Desk Or if you chose, you may email this form and sample "Void" cheque to [admin@maverickshockey.ca](mailto:admin@maverickshockey.ca)

### Terms & Conditions

1. In this Authorization "we", "us" and "our" refer to the Payor(s) indicated on the form hereof.

2. This Authorization is provided for the benefit of Midnapore Hockey Association(MHA) and our Financial Institution and is provided in consideration of our Financial Institution agreeing to process debits against our Account in accordance with the rules of the Canadian Payments Association. We agree that any direction we may provide to draw a PAD, and any PAD drawn in accordance with this Authorization, shall be binding on us as if signed by us.

3. We acknowledge that the amounts to be drawn against our Account may vary in accordance with the amounts billed by MHA and we authorize MHA and our Financial Institution to process PADs against our Account and to draw all such amounts without any pre-notice to us or any other consent by us.

4. We acknowledge that, while MHA will normally draw PADs against our Account 4 days after it renders its account billing, the dates on which MHA will draw PADs against our Account may vary from time to time in accordance with MHA's normal billing and processing procedures, and we authorize MHA to draw PADs and our Financial Institution to process such PADs on different dates or days of the month from time to time without any pre-notice to us or any other consent by us. Further, in the event that any PAD is not honoured, due to "NSF" or other reasons other than our revocation of this Authorization or non-compliance of the PAD with this Authorization, we authorize MHA to re-submit the PAD within 30 days of the date of dishonour and our Financial Institution to process such PAD without any pre-notice to us or any other consent by us. We acknowledge that a NSF fee of \$25.00 will be charged for each NSF transaction and will be added to the re-submitted PAD.

5. We certify that all information provided with respect to our Account is accurate and we agree to inform MHA, in writing, of any change in the Account information provided in this Authorization prior to the next MHA billing date. In the event of any such change, this Authorization shall continue in respect of any new

Account and Financial Institution to the same extent as if they had been shown on the signed form. We guarantee that the signatories to any written notice of change we provide to MHA will be all such persons as would be required to sign any cheque drawn on or withdrawal made from the new Account.

6. We agree that our Financial Institution is not required to verify that any PAD has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of any purpose to which the PAD relates. We agree that delivery of this Authorization to MHA constitutes delivery by us to our Financial Institution, and that MHA may deliver a copy of this Authorization to MHA's financial institution for the purpose of processing PADs, and we consent to the disclosure of any information contained in this Authorization to such financial institution.

7. We may revoke this Authorization at any time either orally or by delivering written notice of revocation to MHA. This Authorization applies only to the method of payment, and we agree that revocation of this Authorization does not terminate or vary in any way any contract or the terms of service under which services are provided to us by MHA.

8. We may dispute a PAD drawn on our Account where: (i) the PAD was not drawn in accordance with this Authorization, or (ii) this Authorization was revoked by us. In order to obtain reimbursement by our Financial Institution for a disputed PAD, we must sign the required form of declaration and deliver it to our Financial Institution in accordance with rule H1 of the Canadian Payments Association. In the case of "personal" PADs as defined in rule H1, which includes PADs for residential accounts, the specified period is 90 calendar days after the date on which the disputed PAD was drawn on our Account. We acknowledge that if notice is not given in accordance with rule H1 within these specified periods, any dispute regarding a PAD must be resolved solely with MHA and that our Financial Institution will have no liability to us with respect to any such PAD.

9. We understand and accept the foregoing terms and conditions, and agree to participate in a PAD

arrangement in accordance with this Authorization.

10. We warrant and guarantee that, if the Account shown on the reverse is a joint account, all persons who would be required to sign jointly in order to draw a cheque on the Account or make a withdrawal from the Account have signed this Authorization.

11. We agree to comply with the rules of the Canadian Payments Association now or hereafter in effect in relation to PAD authorizations and the drawing and processing of PADs, and agree to sign any further documentation that may be required pursuant to such rules.

I/we agree to participate in MHA's Pre-Authorized Payment Plan and authorize MHA to collect payment as agreed, by means of Pre-Authorized Debits ("PADs") drawn against my/our account at the financial institution shown on the Authorization form. This Authorization shall apply to any other account and financial institution of which I/we give written notice to MHA in accordance with this Authorization. I/We hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of PADs drawn against my/our Account at my/our Financial Institution in accordance with this Authorization.