



Pre-Authorized Wellness Department Payments

INSTRUCTIONS

1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
2. The Payee can obtain the transaction type code from the CPA's website: http://www.cdnpay.ca/rules/pdfs_rules/standard_005.pdf. Go to Section E, Appendix 2, Transaction Types.

PAYOR/PAYEE INFORMATION (Mandatory)

Account Holder(s) Name(s) and Address(es) (the Payor)

First Name:

Last Name:

Address:

City:

Province

Postal Code

Phone:

Email:

PAYEE: YWCA Regina
1940 McIntyre Street
Regina, SK S4P 2R3
Phone (306) 525-2141

PAYMENT DETAILS Specimen cheque marked ``VOID`` attached or form completed by bank

Monthly on the 4th of every month

Amount of Payment

Fixed \$

AUTHORIZATION

I/We acknowledge that this Authorization is provided for the benefit of the ``Payee`` and ``Processing Institution`` and is provided in consideration of Processing Institution agreeing to process debits (``PADs``) against the Account with Processing Institution in accordance with the Rules of the Canadian Payments Association (the CPA Rules).

By signing this Authorization, the Payor acknowledges having received and having read a copy of this agreement. I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the Authorization.

X _____
 Payor Signature

 Date

CANCEL PAYMENT (30 Days notice is required before the next PAD will be issued.)

The Payor hereby cancels this Payor's PAD Agreement effective: _____

X _____
 Payor Signature

 Date

Office use:

Membership

Pre-Registered Class

Managers signature: _____