

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

12 Month Promotion Membership

Membership Expiry Date: _____

Is this a change to an existing EFT?

Yes **No**

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

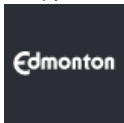
Today's payment includes the cost of the membership up to the first pre-authorized debit withdrawal

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.
- This membership will expire 12 months after the start date, and I will be charged a discounted rate based on 2024 fees.
- My final preauthorized debit will be prorated for the number of days active before the expiry date in that month.
- I will not be eligible for the promotional pricing if the membership is cancelled, upgraded or downgraded.
- 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 that my membership will be terminated. 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 that 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.**
- 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

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

