



ATLANTIC CANADA
REGIONAL COUNCIL OF CARPENTERS
MILLWRIGHTS AND ALLIED WORKERS

**PRE-AUTHORIZED DEBIT AGREEMENT
PAYOR'S PAD AGREEMENT**

Account holder name and account number

Last and first name(s) of Member:			Membership # U- _____ - _____
Address (street, city, province)			Local #
Telephone #:		Email:	
The name of the financial institution where the account is located:	Institution No.	Transit No.	Account No.

Payee – Contact information

Name of organization: Atlantic Canada Regional Council of Carpenters, Millwrights & Allied Workers	c/o or e-mail address vspencer@acrc.ca
Address (street, city, province) 82 Timothy Ave. South Hanwell, NB	Postal code E3C-2B8
	Telephone No. 506-450-4024

Withdrawal authorization

I, the undersigned, authorize the Payee to make pre-authorized debits (PAD) from my account with the aforementioned financial institution, at the following interval:

monthly: 10th day of each month
 quarterly: January 10, April 10, July 10, October 10
 yearly: 10th day of January

Each withdrawal will correspond to: A fixed amount of the applicable monthly dues x the interval chosen above, as outlined in the Bylaws of the Local of which the Payor is a member.

Change or cancellation:
 I shall inform the Payee, in a timely manner, of any changes to this Agreement.
 I retain the right to revoke my authorization at any time, with a pre-notification of 15 days (maximum 30 calendar days).
 I agree that the financial institution at which I maintain the account is not required to verify that the payment is debited in accordance with this authorization. I also certify that every person whose signature is required for the operation of the aforementioned account has signed this authorization.
 I acknowledge that the delivery of this authorization to the Payee constitutes delivery by me to the aforementioned financial institution.

Signature of account holder (s)

_____	_____
Signature of account holder	Date (dd/mm/yyyy)
_____	_____
Signature of a second account holder (Only if two signatures are required)	Date (dd/mm/yyyy)

IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription. If you change your account or financial institution, please advise the payee organization.