



## PRE-AUTHORIZED ELECTRONIC TRANSFER PLAN

I/we authorize Whistle Bear Golf Club, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Whistle Bear Golf Club activity. For member account activity, regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 10th day of each month. Whistle Bear Golf Club provides 7 days notice of the amount of each regular debit via the monthly distribution of your account(s) statement. Whistle Bear Golf Club will obtain my/our authorization for any other one-time or sporadic debits. For event activity, Whistle Bear Golf Club will obtain my/our authorization for any one-time or sporadic debits.

This authority is to remain in effect until Whistle Bear Golf Club has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/we may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

Whistle Bear Golf Club may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

PLEASE PRINT *Complete all sections.*

### Customer Information

Name(s)	
Type of Service (please check one from A and B) A <input type="radio"/> Member Account <input type="radio"/> Event B <input type="radio"/> Personal <input type="radio"/> Business	
Whistle Bear Golf Club Account Number (if applicable)	
Address	
City/Town	Province
Postal Code	
Phone Number	

### Bank Information

*Please provide copy of a void cheque*

Financial Institution (FI)	
FI Account Number	
FI Transit Number ( <i>branch - 5 digits; FI - 3 digits</i> ) -	
Address	
City/Town	Province
Postal Code	

Name of Account Holder	
Signature	Date (DD/MM/YYYY)