

**The Rotary Club of Grande Prairie (Swan City)  
Alberta operating as Swan City Rotary Club  
Pre-Authorized Debit Agreement**

**Please complete the Pre-Authorized Debit (PAD) Plan agreement below.**

I/we authorize Swan City Rotary 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 Swan City Rotary Club. Monthly charges for meals will be billed on or before the 5th of the month for payment on the 25th or next business day. Quarterly dues will be billed by the 5th of each quarter (July, October, January, April) for payment on the 25th or next business day. Swan City Rotary Club will provide 10 days written notice of the amount of each regular debit by email invoice copy.

This authority is to remain in effect until Swan City Rotary 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).

Swan City Rotary 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**

**DATE:** \_\_\_\_\_

Name(s): \_\_\_\_\_ Company Name (if applicable): \_\_\_\_\_

Type of Service: Personal  Business

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_ - \_\_\_\_\_

*(branch -5 digits; FI - 3 digits)*

*\*\*Please provide a void cheque or direct deposit form stamped by your institution*

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Authorized Signature(s): \_\_\_\_\_

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