

Account Pre-Authorized Payment

New enr	collment Change in authorization Ca	ancellation of authorization as of
1. Cardh	nolder Information (Please print clearly)	Month/Day/rear
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Name:		
Mailing addre	ess:	
City:	Province/State:	Postal code:
Telephone n	umber:	
2. Purch	ases Category (Check one)	
Persona	l Purchases Business Purchases	
3. Pre-A	uthorized Debit (PAD) Account Inform	nation
Co-op Memb	or Numbor:	thly billing statement to the right of "0646 0" any zeros preceding your account number 456 7
Deposit Acco	ount Number:	Transit number:
Financial Ins	titution Number: C	hequing account Savings account
Financial Ins	titution: Name	
	Address	
meanings set on the last da	out in the Pre-Authorized Debit Agreement. You a y of the month (purchases made in one calendar n	ne PAD account who signs this Form. Other terms have the nuthorize us to debit the PAD account for all amounts owed to us month are payable in full by the last day of the following month). e-Authorized Debit Agreement which forms part of this Form.
Signature of account holder		Signature of joint account holder
Name (Please prir	nt)	Name (Please print)
Date (Month/Day/Year)		Date (Month/Day/Year)

IMPORTANT

You must include a 'VOID" cheque for a Chequing Account or the top portion of your statement for a Savings Account. Your application cannot be processed without it.

If Joint Account, all authorized signatures are required.

When the form is complete, mail, email or fax to: Dawson Co-operative Union

Attention: Accounts Receivable

110 - 10080 8th Street

Dawson Creek, British Columbia V1G 3P8

Fax: (250) 782-6017

eMail: ar@dawsonco-op.com

Pre-Authorized Debit Agreement

- 1. In this Authorization "I", "we", "my", "our", "me", and "us" refers to the Customer(s) indicated on the "Account Pre-Authorized Payment" Form attached hereof. The Dawson Co-operative Union will be referred to as the Dawson Co-op going forward.
- 2. I/we authorize the Dawson Co-op, 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 under my/our Dawson Co-op account(s). Regular monthly payments for the full amount of purchases / services rendered will be debited to my/our specific account on the last day of each month following the purchase date. The Dawson Co-op will provide ten (10) days written notice of the amount of each regular debit by way of my/our monthly statement. The Dawson Co-op will obtain my/our authorization for any other one-time or sporadic debits.
- 3. It is my/our responsibility to ensure that sufficient funds are available in the Deposit Account for any payment. The Dawson Co-op will reverse the payment to my/our Member Account if it is returned or dishonoured for any reason. I/We agree that the Dawson Co-op may debit the Deposit Account on the payment due date as set out in and described in my/our monthly statement. Dishonoured payments will be resubmitted five (5) business days following the first attempt. Failure to pay the account balance in full by the original due date will result in interest being charged as per the Credit Agreement.
- 4. This authority is to remain in effect until the Dawson Co-op 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 via postal mail, eMail, or facsimile. I/We may obtain a cancellation form, or more information on my/our right to cancel a PAD agreement at my/our financial institution or by visiting www.payments.ca.
- 5. The Dawson Co-op may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.
- 6. 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.payments.ca.
- 7. I/We consent to the collection of any personal information that may be contained on the Form and in the records held by the Dawson Co-op and to the disclosure of such personal information to the Deposit Institution and the financial institution at which the Dawson Co-op maintains the account to be credited in order to process payments and as necessary for the proper application of the Rules. The Dawson Co-op may provide me/us with communications about the services by eMail, or other electronic method. For example, the Dawson Co-op may send confirmation of enrolment, cancellation, suspension or changes to the services by eMail.
- 8. To the extent permitted by applicable law, the Dawson Co-op shall not be liable to me/us, or any third party of any incidental, indirect, consequential, special, punitive or exemplary damages of any kind whatsoever arising from or in connection with this Agreement including without limitation a pre-authorized payment or a debit from a Deposit Account (whether in contract, tort, strict liability, products liability, or otherwise), including without limitation, lost revenues, loss of profits or loss or interruption of business. This provision shall survive termination of this Agreement. I/we agree not to use these services for any illegal or abusive purpose or in any way which damages, interferes with or disrupts these services or any property of ours or a third party. I/we agree to immediately notify the Dawson Co-op of any use of these services that is illegal, unauthorized, fraudulent or prohibited by this Agreement. The Dawson Co-op has made no warranty of merchantability, fitness for a particular purpose or non-infringement regarding these services and the Dawson Co-op makes no warranty that these servies will meet my/our requirements, be uninterrupted, timely or error free. Any use of these services is done at my/our own risk and I/we are solely responsible for any damages in the event that I/we are unable to make a payment, a payment is late, or the Dawson Co-op does not receive my/our payment.

My/Our signature(s) below verifies that I/we have read and agree to the Terms as set out in the Agreement above.

Signature of account holder	Signature of joint account holder
Name (Please print)	Name (Please print)
valle (1 lease print)	Name (Flease printy
Date (Month/Day/Year)	Date (Month/Day/Year)