

## **Tourism Sun Peaks**

Please complete the Pre-Authorized Credit Card (PAD) Plan Agreement below			
may authorise at anytime) to begone-time payments from time account(s). Regular quarterly as:	gin deductions as per my/out to time, for payment of all sessment fee payments in the or the next business day of	r instructions for $\alpha$ charges arising the full amount $\frac{1}{5}$ the assigned quar	any other financial institution I/We quarterly recurring payments and/or under my/our Tourism Sun Peaks will be debited to my/our terly month. Tourism Sun Peaks will
This authority is to remain in effect until Tourism Sun Peaks 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 PAD Agreement at my/our financial institution or by visiting <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>			
Tourism Sun Peaks may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days 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 Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit <a href="https://www.cdnpay.ca">www.cdnpay.ca</a>			
PLEASE PRINT		DATE:	
PLEASE PRINT  Names(s):		Customer Number	er:
-			
Names(s):	Province/State:	Customer Numb	
Names(s): Address:	Province/State: (Res.)	Customer Numb	Personal Business
Names(s): Address: City/Town:		Customer Numb	Personal Business
Names(s):  Address:  City/Town:  Phone Number (Bus):		Customer Numb	Personal Business
Names(s):  Address:  City/Town:  Phone Number (Bus):  Email:		Customer Numb	Personal Business
Names(s): Address: City/Town: Phone Number (Bus): Email: Financial Institution:	(Res.)	Customer Numb	Personal Business Postal/zip code:
Names(s):  Address:  City/Town:  Phone Number (Bus):  Email:  Financial Institution:  Visa	(Res.)	Customer Number Type of Service:	Personal Business Postal/zip code: