



Tourism Sun Peaks

Please complete the Pre-Authorized Debit (PAD) Plan Agreement below

I/We authorize Tourism Sun Peaks and the financial institution designated (or any other financial institution I/We may authorize at anytime) to begin deductions as per my/our instructions for quarterly recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Tourism Sun Peaks account(s). Regular quarterly assessment fee payments in the full amount \$ will be debited to my/our specified account on the 15th day or the next business day of the assigned quarterly month. **Tourism Sun Peaks will not provide written notice of the amount of each regular debit.**

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 www.cdnpay.ca

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 www.cdnpay.ca

PLEASE PRINT

DATE:

Names(s):

Customer Number:

Address:

Type of Service: Personal ☐ Business ☐

City/Town:

Province/State:

Postal/zip code:

Phone Number (Bus):

(Res.)

Email:

Financial Institution:

Account Number:

Branch Number:

Transit Number:

5 digits

3 digits

Address:

City/Town:

Province/State:

Postal/zip code:

Authorized Signature(s):