



PRE-AUTHORIZED DEBIT AGREEMENT

Ironworkers Local 720
10512-122 Street
Edmonton, Alberta T5N 1M6
Email: admin@ironworkers720.com

PRE-AUTHORIZED DEBIT (PAD)

Check if you want your annual fee for Death Benefit debited every March 1st of \$80.00
(You must be current)

These services are for (check one) Personal Use Business Use

I, the payor, may revoke this authorization at any time, subject to providing 30 days notice.

I have certain recourse rights if any debits do not comply with this agreement. For example, I 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 recourse rights, contact your financial institution or visit www.cdnpay.ca.

Please Print:

Name (s): _____ Union Member # _____

Address: _____

City / Town: _____ Province: _____ Postal: _____

Your email address: _____

Account holder signature: _____

Date of Signature: _____