

**IBEW LOCAL 105**

**GENERAL FUND**

**Pre-Authorized Debits (PADS)**

**Payor's PAD Agreement-Mandatory & Supplementary Elements**

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

I/we authorize IBEW Local 105 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 recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our IBEW Local 105 account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on my choice of **either** the **1<sup>st</sup>** or **15<sup>th</sup>**. IBEW Local 105 will provide a receipt of payment shortly there after of each transaction. IBEW Local 105 will obtain my/our authorization for any other one-time or sporadic debits. Returned NSF payments are subject to standard NSF bank charges.

This authority is to remain in effect until IBEW Local 105 has received written notification from me/us of its change or termination. This notification must be received at least (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.payments.ca](http://www.payments.ca).

IBEW Local 105 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 contact my/our financial institution or visit [www.payments.ca](http://www.payments.ca).

Payments to be taken by: **Pre-Authorized Debit** OR **Charged to Credit** (circle one)

Name(s): \_\_\_\_\_ Paid to IBEW Local 105 Account: **General Fund**  
Day of Monthly Payment (Circle One): **1st** OR **15th** **Type of Service:** Personal \_\_\_\_\_ Business \_\_\_\_\_

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

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

FI Account Number: \_\_\_\_\_ FI Transit Number: \_\_\_\_\_  
(branch -5 digits; FI 3 digits)

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**OR**

**Credit Card Type:** \_\_\_\_\_ Cardholder name (as seen on card): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVD: \_\_\_\_\_

IBEW Local 105  
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Hannon Ontario, LOR 1P0  
Tel: 905-387-1721 Ext. 0  
Email: [frontdesk@ibewlu105.com](mailto:frontdesk@ibewlu105.com)

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

**PLEASE ATTACH A VOID CHEQUE OR AN OFFICAL BANK LETTER. WE WILL NOT ACCEPT PRE-AUTHORIZATION UNLESS ATTACHED**