# YMCA Camps Pre-authorized Debit (PAD) Agreement

## 1. Customer Information (Please Print)

Payer's Name: _____

Phone #: _____

Address: _____

City: _____ Province: ____ Postal Code: _____

Name(s) of Child/Children Attending Camp: _____

Type of Service: ☐ Personal ☐ Business

## 2. Bank Account Information

**Financial Institution (FI):** _____

FI Address: _____

FI Bank #: _____ FI Transit #: _____ FI Account #: _____
(3 digits) (5 digits)

☐Chequing Account ☐ Savings Account

## 3. Pre-Authorized Debit (PAD) Details

I authorize the YMCA of Greater Vancouver to debit the bank account identified above for all charges arising from my registration(s) with YMCA Camps. If funds are unavailable, the YMCA will attempt to withdraw fees a second time. The YMCA may charge a fee of $15 if funds are unavailable at the time of withdrawal. The YMCA will not be responsible for any costs charged by your Bank/Financial Institution.

Charges will be debited on the: ☐ 1st ☐15th ☐ 20th (or the next business day) for the amount(s) and month(s) indicated below.
☐ Jan $_____ ☐ Feb $_____ ☐ Mar $_____ ☐ Apr $_____ ☐ May $_____ ☐ Jun $_____

☐ Jul $_____ ☐ Aug $_____ ☐ Sep $_____ ☐ Oct $_____ ☐ Nov $_____ ☐ Dec $_____

**I agree to waive the right to receive pre-notification of the amount of the PAD and agreed that I do not require advance notice of the amount of PADs before the debit is processed.**
**Initial _____**

Date: _____ Signature: _____

I may revoke my authorization at any time, subject to providing notice of 15 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Send completed form to:

YMCA Camps
200-1166 Alberni St
Vancouver, BC V6E3Z3
Phone: 604-939-9622 Fax: 604-939-9621
Email: camps@vanymca.org