



Social Mavrik Federation

784 Bowen Drive, Campbell River, BC V9H 1S2

250-504-0052 info@socialmavrikbc.ca

Pre-Authorized Debit Agreement

Copy of a VOID cheque to be included

Please debit funds from my bank or credit union account based on the following details

Amount: \$ _____ First Withdrawal Month: _____

Please withdraw funds on the _____ day of each month. (10th, 15th, 20th or ?)

Frequency: Monthly

Number of Installments: ☐ Ongoing, until further notice

☐ Three for quarterly membership

These payments are made on behalf of Name: _____

Couple ID Number (optional): _____

Local (optional): _____

I may revoke my authorization at any time, subject to providing 5 business days notice before the next scheduled transaction. I agree there are no retroactive refunds. I can obtain a sample cancellation form or more information on my rights to cancel a Pre-Authorized Debit (PAD) agreement at my financial institution or by visiting the www.cdnpay.ca website.

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 this PAD agreement. To obtain more information on my recourse rights, I can contact my financial institution.

I understand that all pre-authorized debits are processed by Rotessa in Manitoba and will be identified on my bank statement as "SOCIAL MAVRIK MSP". The "MSP" means Merchant Service Payment.

Bank or Credit Union Account Holder Signature

Date