

Pre-Authorized Debit (PAD) Agreement

United Association of Journeymen and Apprentices of the Plumbing and Pipefitting Industry of the United States and Canada U.A. Local 324

MEMBER INFORMATION (Please Print Clearly)

Member Name: _____

Social Insurance Number (SIN): _____

Address: _____ Telephone No: _____

FINANCIAL INSTITUTION

Please attach "void" cheque or Bank Branch Information Form

Name of Financial Institution: _____

Branch Number: _____ Bank Number: _____ Account No. _____

PRE-AUTHORIZED DEBIT (PAD) DETAILS

I authorize U.A. Local 324 and the financial institution designated to begin deductions as per my/our instructions for monthly regular recurring payments and/or one time payments from time to time, for payment of membership dues, initiations and additional or double payments due to NSF PAD's occurring. Regular monthly payments will be debited to my specified account as per the "void" cheque supplied, between the dates of the 5th and 8th each month.

I am aware that should the monthly membership rate increase as per the United Association Constitution that this amount will automatically be increased on the date of effect and notification of this will be advised to me by way of the membership newsletter at least 10 days prior to the date of effect.

This authority is to remain in effect until U.A. Local 324 has received written notification from me of its change or termination. Notification to cancel must be received at least ten (10) business days before the next debit is scheduled at the address provided below.

U.A. Local 324 may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 day prior written notice to me.

I have certain recourse rights if any debit does not comply with this agreement. 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 rights, I may contact the financial institution or visit www.cdnpay.ca

Signature: _____

Date: _____

Please return this application with a voided cheque, or Bank MICR encoding information to:

UA. Local 324, 919 Esquimalt Road
Victoria B.C, V9A 3M7
Phone: 250-382-0415 Toll Free 1-888-382-0415 Fax: 250-380-1713