

## Electronic Funds Transfer (EFT) Agreement

	Gustomer	mormatio	n (Please pint	t clearly)			
Name(s):							
Address							
City:	Prov :	vince		Postal Code:			
Telephone:							
	Bar	nk Account	Informatior	1			
Bank Account Number:				Branch Transi Number:	t		
Financial Institution							
Branch Address:							
Payment on (circle one) 1	<sup>st</sup> / 15	<sup>th</sup> of the	month				
arising due to drop-in, Annual Re-Registration a specified account on the annual statement for the This authority is to rem change or termination or and attending the Centre	nd Emergency Pack 1 <sup>st</sup> or 15 <sup>th</sup> of ea monthly fees and ain in effect unt until my BCCA Ki	age fees. ch month as d 7 days' no cil BCCA Kio	I understan indicated otice of an ds Club rec	d that it will be above. BCCA Kids y additional or sp eives notification	debited Club wil poradic d	to my/our l provide an debits. e/us of its	
BCCA Kids Club may not a law, change of control o							
I understand that I may one calendar month. To cancel a PAD agreement,	obtain a sample c	cancellation	n form, or	for more informati	.on on yo		
Signature of Account Holder:		7	Signature o Account Hol Applicable)	der (if			
Print Name:		I	Print Name:				
Date:		I	Date:				

You have certain recourse rights if any debit does not comply with this agreement. For example you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.