

CITY OF EDMONTON SPORTS AND FITNESS CENTRE

Continuous Monthly Membership Pass Pre-Authorized Debit Agreement

CURRENT CUSTOMER INFORMATION (Please print clearly.)

Applicant Last Name: _____ First Name: _____ Initial: _____

Street Address: _____ Suite/Apt.# _____

City: _____ Postal Code: _____ Telephone Number: _____

E-mail Address: _____

Would you like to have program information, facility updates, and special offers sent to you by email? ☐ Yes ☐ No

MEMBERSHIP DETAILS

Please indicate the quantities of each membership purchased.

MEMBERSHIP TYPE: (PLEASE CIRCLE): Regular Corporate Community League

Corporate Name _____

Community League Name _____

Membership # _____

Please check box(es) below:

Pass Purchased	Child	Youth/Senior	Adult	Family
Facility				
Facility Plus				
All Facility				

PASSHOLDER NAMES:

**MEMBERSHIP
BAR CODE:**

**DATE OF BIRTH:
DD-MM-YY**

RFA Name (full name printed): _____

TOTAL MONTHLY COST OF MEMBERSHIP: _____

TODAY'S TOTAL PAYMENT: _____

(Includes your Program Administration Fee of \$10 per membership and the cost of the membership up to the first pre authorized debit withdrawal)

BANK ACCOUNT INFORMATION (Government Issued Photo ID Required)

Please attach a VOIDED CHEQUE HERE (no photocopies) or a Pre-Authorized Transaction Form **completed by your Financial Institution**. The City of Edmonton will assess a \$10 FEE per transaction for returned funds due to incorrect banking information.

ID verified by _____ (staff initial)

PRE-AUTHORIZED DEBIT (PAD) DETAILS

- I authorize the City of Edmonton and its Financial Institution to debit my bank account the Monthly Membership Fee on the 1st day of each month or the next business day.
- The Administration Fee and the first payment, a pro-rated calculation based on the number of days between the membership start date and the first debit date, must be made prior to the membership pass being activated.
- Any delivery of this authorization to the City of Edmonton constitutes delivery by the customer to the bank. It is warranted by the customer that all persons whose signatures are required to sign on the account have signed this authorization. The customer acknowledges receipt of a signed copy of this authorization.
- I understand that Monthly Membership Pass Fees are subject to annual increases.
- I acknowledge that I am unable to suspend my pre-authorized monthly membership pass. I will need to cancel my membership and submit a new application to restart my membership. The new application will be subject to a \$10 Program Administration Fee.
- I understand that the \$10 administration fee per membership is non-refundable.
- I agree to notify the Community Facility Services Pre-Authorized Payment Coordinator before the 15th of the month should my Bank Account information change.
- Membership monthly fees will be adjusted automatically upon birth date where the patron's age changes pass type.
- I acknowledge the City of Edmonton will assess a fee of \$10 per transaction if the cheque account provided does not exist, **a stop payment is applied**, or if a cheque is returned NSF in addition to any penalties assessed by my bank and that my membership will be deactivated until my account is in good standing. I also understand that my pass and this agreement will be terminated should there be 2 NSF instances. Outstanding amounts will be sent to collections after 90 days.
- I am aware that my bank account will continue to be debited monthly until I give written notice to cancel and that I may revoke my pre-authorized payment agreement by submitting a Pre-Authorized Debit Cancellation Form to the Community Facility Services Pre-Authorized Payment Coordinator, P.O. Box 2359, Edmonton, AB, T5J 3R5, or e-mail EFT@edmonton.ca by the 15th of the month. If the Cancellation Form is received after the 15th of the month, the membership will remain active for an additional month. **There will be no refunds for unused portions of a month.**
- I acknowledge that if I am receiving a discounted membership pass, I will be required to provide proof of my continued eligibility for the program when requested.
- I acknowledge that I have read and agree to the Membership Pass Terms and Conditions.

Rights of Dispute

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 agreement.

In order to be reimbursed, the customer must complete a Declaration Form at their bank branch up to and including 90 calendar days after the date of which the debit in dispute was posted to the customer's account.

The customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the City of Edmonton and the customer. To obtain more information on your recourse rights, contact your financial institution or visit **cdnpay.ca**.

Signature of Customer/Primary Account Holder:

X _____

Name: _____

(PLEASE PRINT)

Date: _____

Signature of Joint Account Holder (if applicable):

X _____

Name: _____

(PLEASE PRINT)

Date: _____

It is warranted by the customer that all persons whose signatures are required to sign on the account have signed this authorization. **Please ensure you have attached with this application a voided blank cheque to ensure accuracy of banking information.**

Questions regarding this program may be directed to the Community Facility Services Pre-Authorized Payment Coordinator at 780-944-0415.

This information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act*. It will be used for the administration of the Pre-Authorized Monthly Payment Program. If you have any questions about the collection, use or disclosure of personal information by this program, contact Community Facility Services Pre-Authorized Payment Coordinator at 780-944-0415.