



## Pre-Authorized Debits (PAD) Agreement

Golfco Inc.

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

### PLEASE PRINT

Name(s): \_\_\_\_\_ DATE: \_\_\_\_\_

Staff: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (Bus.) \_\_\_\_\_ (Res.) \_\_\_\_\_

Do you require monthly statement to be emailed after your account has been cleared? Yes No

Email Address: \_\_\_\_\_

### Pre-Authorized Debit (PAD) Details:

You, the Payor, authorize Golfco Inc. to debit the bank account or credit card identified below each month to clear the amount charged to your Kingswood Golf member account.

You, the Payor, may revoke authorization at any time in person as long as your Kingswood member account is in good standing. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

Credit Card Authorization: ☐ Visa ☐ MC ☐ Amex

Name of Cardholder: \_\_\_\_\_ Signature: \_\_\_\_\_

Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiry Date: \_\_\_\_ / \_\_\_\_ CVD#: \_\_\_\_  
Month Year

Authorized Signature(s): \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
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