

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 credit card identified below on the **20th** of 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

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 more information on your recourse rights, contact your financial institute or visit www.cdnpay.ca