

MEMBER

Member # _____ Today's Date _____

First Name _____ Last Name _____

Address _____

City _____ Province _____ Postal Code _____

Phone number: _____ Alt. Phone Number: _____

FINANCIAL INSTITUTION

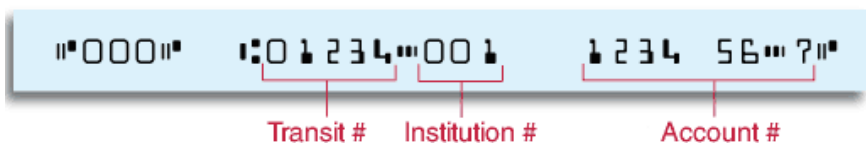
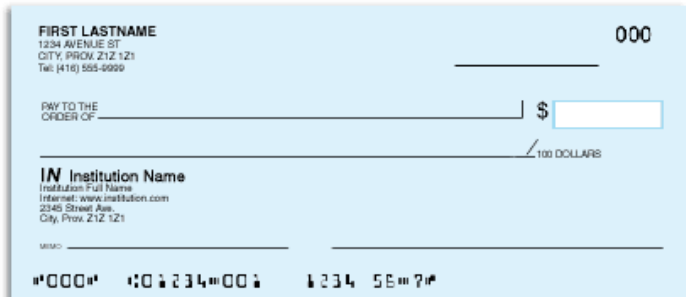
Financial Institution _____

Address _____

City _____ Province _____ Postal Code _____

Transit # _____ Institution _____ Account # _____

A copy of a void cheque must be attached to this form.



PAYMENTS

I/We authorize Kelowna Yacht Club and the financial institution designated to begin deductions of monthly regular recurring payments and/or one-time payments as authorized (checked):

- Monthly Installments:** withdrawal on or around November 15th and every month thereafter of the following amounts:
- 1/12th of the annual membership dues, capital assessment fee and, if applicable, moorage fees on or about the 15th of every month.
 - Any house account balance owing from the previous month(s) on or about the 15th of the current month.
 - Annual Minimum House Account (MHA) in full on November 30th.

- Annual Option:** Withdrawal of annual payments of:
- The full annual membership dues, capital assessment fee and, if applicable, moorage fees on or about November 15th.
 - Any house account balance owing from the previous month(s) on or about the 15th of the current month.
 - Annual Minimum House Account (MHA) in full on November 30th.

AUTHORIZATION SIGNATURES

Two dishonored payments in one membership year (November 1st – October 31st) will result in a hold placed on the account and full payment for the remaining year is required before reinstatement on this agreement.

Kelowna Yacht Club may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

This PAD agreement will remain in effect until Kelowna Yacht Club receives written notification of its change or termination at least 10 business days before the next debit is scheduled.

I/We have certain recourse rights if any debit does not comply with this agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I/we may contact my/our financial institution.

AUTHORIZATION

Name Account Holder (A)

Signature

Name Account Holder (B)

Signature

OFFICE USE ONLY

Void cheque received		Entered in Jonas System	
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