



APPENDIX A

Pre-Authorized Debit (PAD) Agreement

MEMBER # _____

PRIMARY MEMBER

Last Name	First Name	Today's Date	
Address			
City	Province	Postal Code	Cell Phone
Email		Alt. Phone	

FINANCIAL INSTITUTION

I have attached a copy of one of the following documents from my financial institution:

- Void Cheque Official Bank Document

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 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.
 - Prepaid Minimum Spend 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.
 - Prepaid Minimum Spend in full on November 30th.

AUTHORIZATION SIGNATURES

A Late Payment Fee of \$50.00 will be levied for rejected payments for any reason; inaccurate bank account information, NSF (non-sufficient funds); bank account closed, etc.

Two dishonored payments in one membership year (November 1st – October 31st) will result in termination of this agreement as per Club Policy.

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 of Account Holder	Signature
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OFFICE USE ONLY

Void cheque received		Entered in Jonas System	