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**3. PAYEE INFORMATION** (Office only)

IATSE LOCAL 118

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Account #: Branch Number: \_\_\_\_\_

**4. PRE-AUTHORIZED DEBIT (PAD) DETAILS**

I/We authorize **IATSE Local 118** and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for either quarterly or annual recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **IATSE Local 118** account(s). Regular quarterly or annual payments for the full amount of services delivered will be debited to my/our specified account on the first day of each quarter or on December first if paying annual dues in full for the following year. These services are for payment of union dues.

These services are for (check)  business purposes (Union dues)

**IATSE Local 118** will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until **IATSE Local 118** has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).

In the case of variable amount PADs, **IATSE Local 118** will provide 10 days written notice prior to any changes in the fees and/or its schedule.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca)

I/We understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Signature of Joint Account Holder (if applicable)

\_\_\_\_\_  
Name Please Print

\_\_\_\_\_  
Name Please Print (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

EMAIL, DROP OFF OR MAIL COMPLETED FORM TO:

IATSE LOCAL 118  
206 –2940 MAIN STREET VANCOUVER, B.C. V5T 3G3  
E: [admin@iatse118.com](mailto:admin@iatse118.com)  
O: 604.685.9553  
W: [www.iatse118.com](http://www.iatse118.com)