

MAIN STREET VANCOUVER, BC V5T 3G3 OFFICE: 604 685 9553 www.iatse118.com

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

1. PAYOR INFORMATION: (Please print clearly) MAILING ADDRESS: PHONE NUMBER: \_\_\_\_\_ Email: \_\_\_\_\_ I authorize Membership Dues to be debited from my bank account: (Please check one) \*EARLY ANNUAL DUES 5% Discount Rate withdrawn annually on Nov. 30th for next year's dues. \$471.20 for 2025 Dues, increasing by \$48 per payment in successive years unless otherwise notified ☐ ANNUAL DUES withdrawn on January 1st every year. \$496.00 for 2025 Dues, increasing by \$48 per payment in successive years unless otherwise notified ☐ QUARTERLY DUES withdrawn each quarter on January 1st, April 1st, July 1st & October 1st \$112.00 for 2024 Dues, increasing by \$12 per payment successive years unless otherwise notified ☐ ONE TIME PAYMENT OF \_\_\_\_\_ withdrawn on the 1st of the month after this form is processed. \*To qualify for 5% early payment discount, all current year's and back dues must be paid in full. 2. BANK ACCOUNT INFORMATION - Please attach VOID Cheque or printed Bank form. PAYOR ACCOUNT NUMBER: **BRANCH TRANSIT NUMBER:** CHEQUING SAVINGS FINANCIAL INSTITUTION NUMBER: FINANCIAL INSTITUTION NAME: \_\_\_\_\_\_ Branch Address OPEN ENDED TRANSACTION DATE: START:

3. PAYEE INFORMATION (Office only)				
IATSE LOCAL 118				
Account #: Branch Number:				
4. PRE-AUTHORIZED DEBIT (PAD) DE	ETAILS			
I/We authorize IATSE Local 118 and the financi I/We may authorize at any time) to begin deduct annual recurring payments and/or one-time payrarising under my/our IATSE Local 118 account( amount of services delivered will be debited to nor on December first if paying annual dues in ful of union dues.	ions as per my/o ments from time s). Regular quai ny/our specified	our instruction to time, for pa terly or annua account on th	s for either quayment of all on the series of all of all of the series for the series of the series	arterly or charges or the full each quarter
These services are for (check) $\square$ busin	ess purposes	(Union due	es)	
IATSE Local 118 will obtain my/our authorization me with 10 calendar days written notice prior to IATSE Local 118 has received written notification notification must be received at least thirty 30 canddress provided below. I/We may obtain a san right to cancel a PAD Agreement at my/our finance.	any debits. This on from me/us of alendar days bef ople cancellation	s authority is to its change or ore the next d n form, or more	o remain in eff termination. T ebit is schedu e information o	fect until Γhis lled at the on my/our
In the case of variable amount PADs, <b>IATSE Lo</b> changes in the fees and/or its schedule.	cal 118 will prov	ide 10 days w	ritten notice p	rior to any
I/we have certain recourse rights if any debit doe have the right to receive reimbursement for any PAD Agreement. To obtain a form for a Reimbur recourse rights, I/we may contact my/our financi	PAD that is not sement Claim, or	authorized or lor for more info	is not consiste ormation on m	ent with this
I/We understand and accept the terms of participal	pating in this PA	D plan.		
Signature of Account Holder	Signatu	re of Joint Acco	ount Holder (if a	pplicable)
Name Please Print	Name F	Please Print (if a	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

O: 604.685.9553 W: <u>www.iatse118.com</u>