



**FOOTHILLS SWIMMING ASSOCIATION** doing business as  
**UNIVERSITY OF CALGARY SWIM CLUB**  
 KNA 253, 2500 University Drive NW Calgary AB T2N 1N4  
 phone 403-220-3445 accounting@calgaryswimming.com

## PRE-AUTHORIZED DEBITS – PAYOR PAD AGREEMENT

I (we) hereby authorized Foothills Swimming Association, dba University of Calgary Swim Club (UCSC) 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 monthly regular recurring payments and/or monthly statement balances owing. I (we) understand that my (our) monthly training fee will be debited on the 1<sup>st</sup> business day of the month, October through May and that monthly statement balances (if any) will be debited the second week of each month. Foothills Swimming Association will obtain my (our) authorization for any other one-time debits.

This authority is to remain in effect until Foothills Swimming Association has received written notification from me (us) of its change or termination. This notification must be received at least thirty (30) days before the next debit is scheduled at the email or address above.

Foothills Swimming Association may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) business days prior written notices to me (us).

I (we) have certain recourse rights if any debit does not comply with this Agreement.

### 1) PAYOR INFORMATION (please print clearly)

Payor Name(s)	
Address	
Phone	
Signature of Payor(s)	Date

### 2) PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (please print clearly)

Branch Number (5 digits)                      Bank Transit Number (3 digits)                      Account Number

Bank Name	
Bank Branch Address	
City/Province	Postal Code

### 3) ATTACH A VOID CHEQUE

_____ Name of Account Holder	_____ Signature	_____ Date
_____ Name of Account Holder	_____ Signature	_____ Date