



# Pre-Authorized Debit Payment Agreement

To: Canadian Actors' Equity Association (Equity):

I authorize Canadian Actors' Equity Association to deduct my Basic Dues from my bank account on the first business day of May and November of each year until I request in writing for the deduction to stop. I am enclosing a cheque marked "VOID" and agree to the terms below. I understand that any dues currently owing will not be paid by completing this form and I will arrange for payment by other means.

1. Member (Account Holder) Information		
Name*:	Member number:	
Mailing address:		
City:	Province:	Postal code:

\* Name on account if different to the name on your invoice.

2. Bank Account Information	
Financial institution number:	Transit number:
Account number:	
Financial institution name:	
Branch address:	

3. Authorized Signature	
Signature(s):	Date:

**Account Information:** The account that Equity is authorized to draw upon is indicated above. A specimen cheque has been marked VOID and attached to this Authorization.

**Accuracy and Changes to Account Information:** By signing this Authorization, I certify that all information contained in this form is accurate and I agree to inform Equity in writing of any changes in the information provided prior to the next due date of the PAD.

**Valid Signing Authority:** I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement where required above. In the event that more than one person is required to sign this Authorization, this agreement shall be construed as plural and "I", "me" and "my" shall be read as "we", "us" and "our".

**Authority to Debit the Account:** I hereby authorize Equity to draw on my account with my Financial Institution indicated above for the payment of Basic Dues.

**Frequency and Amount of Debits:** A debit, in paper, electronic or other form in the amount of \$67.50 or such amount as may be determined by a referendum of all Members of Equity, will be drawn from my account semi-annually on the first business day of the months of May and November.

**Validation by Processing Financial Institution:** I acknowledge that my Financial Institution is not required to verify that any purpose for which a PAD was issued has been fulfilled by Equity or that a PAD has been issued in accordance with the particulars of my Authorization including, but not limited to, the amount as a condition to honouring a PAD issued by Equity on my account.

**Recourse/Reimbursement:** I will first contact Equity if I have a concern with a Pre-Authorized Debit. If it is not remedied, I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to

receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. I may obtain more information on my recourse rights from my Financial Institution or at [www.cdnpay.ca](http://www.cdnpay.ca)

**My Rights of Dispute:** I may dispute a Pre-Authorized Debit in accordance with CPA Rules under the Following conditions:

1. The PAD was not drawn in accordance with my Authorization; or
2. The Authorization was revoked.

In order to be reimbursed, I acknowledge that a declaration to the effect that either (1) or (2) took place, must be completed and presented to my branch of my Financial Institution up to and including 90 calendar days after the date on which the disputed PAD was posted to my account. I acknowledge that any claim made after 90 business days or for any other that the above, is a matter to be resolved solely between Equity and myself.

**Acceptance of Delivery of Authorization:** I acknowledge that provision and delivery of this authorization to Equity constitutes delivery by me to my Financial Institution. Any deliver of this Authorization to you constitutes delivery by me.

**Cancellation of Arrangement:** This Authorization may be cancelled at any time upon notice by me to Equity at least 5 days prior to the PAD being issued. I may obtain a sample cancellation form or further information on my right to cancel a PAD Agreement at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca).

**Effect on Membership:** Revocation of this Authorization does not affect my membership in Equity except to the extent of the means by which my Basic Dues are paid.

**I understand and agree** to this PAD arrangement and to the disclosure of any confidential information to any third parties as may be required to process this PAD in accordance with CPA Rules.

National Office: 44 Victoria Street, 12th Floor, Toronto, ON M5C 3C4

Telephone: 416-867-9165 or 1-800-387-1856

Fax: 416-867-9246

Email: [membership@caea.com](mailto:membership@caea.com)