

Authorization and Consent Form

NEW ENROLLMENT

CHANGE

CANCELLATION as of

____/____/____
mm dd yy

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize the **REALTORS[®] Association of Hamilton-Burlington (RAHB)** 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 payment of all charges arising under my/our RAHB account(s). Monthly invoices for the full amount will be debited to my/our specified account on or about the 21 day of each month. You warrant to us on a continuing basis that person(s) whose signature(s) are required to deal with the PAD Account have signed the Form and that the information set out on the Form with regard to the PAD Account is accurate and complete. You undertake to notify us in writing of any change in such information at least 10 days prior to the next due date of a PAD.

This authority is to remain in effect until RAHB has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business 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.

RAHB 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.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to received 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.

Please attach a VOID cheque or a pre-authorized debit form from your financial institution

Member Information

(Please print)

Name: _____ Date: _____

Address: _____ Type of Service: Business

City/Town: _____ Province: _____ Postal Code: _____

Bus. T.: _____ Res. T.: _____

Brokerage: _____ Branch: _____

Payor Information

Financial Institution (FI) _____

FI Account #: _____ FI Transit #: _____

Address: _____ Branch - 5 digits - FI - 3 digits

City/Town: _____ Province: _____ Postal Code: _____

Authorized Signature(s): _____

Contact Information

Fax this form to: 905.529.4349 **OR** E-mail: karinc@rahb.ca **OR**

Return this form to: REALTORS[®] Association of Hamilton-Burlington – Attn: Karin
505 York Blvd., Hamilton, Ontario L8R 3K4