



# International Association of Heat & Frost Insulators & Allied Workers Local #118

## 4. Pre-Authorized Debit (PAD) Details

I/We authorize IAHFIAW 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 monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our IAHFIAW Local #118 account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the \_\_\_\_ day of each month. These services are for Basic Monthly Dues.

These services are for (check one) \_\_\_\_ personal or \_\_\_\_ business purposes.

IAHFIAW 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 IAHFIAW 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, IAHFIAW 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 appropriate)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

When the form is complete, submit to:

IAHFIAW Local #118  
233 East 11<sup>th</sup> Avenue  
Vancouver, BC V5T 2C4  
Email: [insulators@insulators118.org](mailto:insulators@insulators118.org)  
Phone #: 604-877-0909