

**AREA & CREA Membership Dues: Pre-Authorized Debit (PAD) Form****Member Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

**Bank Account Information**

Financial Institution Name: \_\_\_\_\_

Branch Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Transit Number: \_\_\_\_\_ Institution Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**Type of Pre-Authorized Debit** (*check one*):  Business  Personal**Pre-Authorized Debit Details** (*check one*):

- Payment in Full:** I authorize AREA to debit the bank account identified above for a single installment of \$719.25 upon receive of this form and subsequently on January 15, or next business day, of each year thereafter for the payment of the annual dues.

**Quarterly Installments:** I authorize AREA to debit the bank account identified above for \$179.82 on the 1<sup>st</sup> of each quarter (January, April, July, October) or the next business day. For members joining in any quarter other than the first quarter, the first installment will be equal to the value of the quarterly installment multiplied by the number of quarters passed in the year.

**Signature:** \_\_\_\_\_**Date:** \_\_\_\_\_

- In the event that the amount of this PAD changes, we will send you a written notice identifying the new amount at least 30 days before the first PAD for that amount.
- You may revoke your authorization at any time by submitting your request in writing to AREA subject to providing 10 business days notice. You have certain recourse rights if any debit does not comply with this agreement. To obtain more information on your right to cancel this agreement and/or your recourse rights visit [www.payments.ca](http://www.payments.ca).
- When the form is complete, email to: [finance@albertarealtor.ca](mailto:finance@albertarealtor.ca)
- If you have any questions or need assistance, please call us at: 403-228-6845