



Sheet Metal Workers and Roofers Local Union 30

190 Milner Ave, Scarborough, Ontario M1S 5B6
TEL (416) 299-7260 FAX (416) 299-7734 Toll Free: 1-800-268-3562



Schedule "B"
PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Authorization of the Payor to the Payee to Direct Debit an Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the "Terms and Conditions" on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" or Bank Form (Direct Deposit Information Form) to the Payee at the address noted below.
4. If you have any questions, please email or call the Payee.

PAYOR INFORMATION (Please print clearly):

Payor Name	Member #
Email Address	Phone #

PAYOR FINANCIAL INSTITUTION / BANKING INFORMATION (Please print clearly):

Branch Number:	Institution #:	Account Number:

PAYEE INFORMATION:

Payee Name(s):	SHEET METAL WORKERS' & ROOFERS' LOCAL 30
	190 Milner Ave, Scarborough, Ontario M1S 5B6
	(416) 299-7260 FAX (416) 299-7734 Email info@smwia-L30.com

PAYMENT INFORMATION: ✓

PREFERRED DEDUCTION DATE: ✓

<input type="radio"/> \$ 50 monthly (all regular members) <input type="radio"/> \$ 22 monthly (all retirees) <input type="radio"/> \$ 64 yearly (limited member only)	<input type="radio"/> 10 th day of month <input type="radio"/> 25 th day of month
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<input type="radio"/> ADD <input type="radio"/> REMOVE <input type="radio"/> CHANGE	MONTH: _____ YEAR: _____	<input type="radio"/> EDGE <input type="radio"/> BMO
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FOR
OFFICE USE
ONLY

*****IMPORTANT NOTICE TO ALL APPRENTICES*****

MONTHLY RECURRING PAYMENT WILL ALWAYS REMAIN AT \$50.00

The monthly debit of \$50.00 cannot be changed. The deduction can only be stopped and restarted.

When an apprentice is unemployed or attending school, they will receive a monthly \$20.00 credit. This accumulated credit can be applied towards a due's payment at any time.

**PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Terms & Conditions**

- 1) I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes and I authorize the Payee indicated on the reverse thereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services.
- 2) I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally.
- 3) I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
- 4) I may dispute a Personal PAD by providing a signed declaration to my Financial Institution under the following conditions:
 - i) the Personal PAD was not drawn in accordance with this Agreement;
 - ii) this Agreement was revoked or cancelled; or
 - iii) any pre-notification required by section 6(b) was not received by me.

I acknowledge that in order to obtain reimbursement from my Financial Institution for the amount of a disputed Personal PAD, I must sign a declaration to the effect that either (a), (b) or (c) above took place and present it to my Financial Institution up to and including but not later than ninety (90) calendar days after the date on which the disputed Personal PAD was posted to my Account. I acknowledge that, after this ninety (90) day period, I shall resolve any dispute regarding a Personal PAD solely with the Payee, and that my Financial Institution shall have no liability to me respecting any such disputed Personal PAD.

- 5) I certify that all information provided with respect to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account Information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD.
- 6) I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms as required.
- 7) I understand and agree to the foregoing terms and conditions.

Name of Account Holder

Signature

Date