

# INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS

## LOCAL UNION 115

BILL PEARSE  
Business Manager  
Financial Secretary  
[bpearse@kos.net](mailto:bpearse@kos.net)  
[www.ibew115.on.ca](http://www.ibew115.on.ca)



40 Binnington Court  
Kingston, Ontario  
K7M 8S3  
Tel: 613-547-4115  
Fax: 613-547-1678

### **RETURN THIS FORM TO LOCAL 115 IBEW**

#### **AUTHORIZATION FOR PRE-AUTHORIZED DEBIT-Monthly Dues Payment**

**1. Payor's (Member) name and address – please print**

We warrant and represent that the following information is accurate.

Member's Name \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Name of Payor's Financial Institution (the "Processing Institution")**

Name of your bank/Trust Company \_\_\_\_\_

Street \_\_\_\_\_

Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

We have attached a specimen cheque marked "VOID" to this payor authorization ( the "Authorization")  
We will inform the Payee, in writing, of any change in information provided in this section of the Authorization prior to the next due date of the PAD.

My void cheque is attached.

Please select which day of the month you would like funds withdrawn: \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 20<sup>th</sup>

**2. Payee's (Local 115 IBEW) name and address:**

**Local 115 International Brotherhood of Electrical Workers  
40 Binnington Court, Kingston, ON K7M 8S3  
Phone: 613-547-4115 Fax: 613-547-1678**

3. We acknowledge that the Authorization is provided for the benefit of the Payee and the Processing Institution and is provided in consideration of the Processing institution agreeing to process debits against our account, as listed above, (the "Account") in accordance with the Rules of the Canadian Payments Association

4. We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the Account have signed the Authorization and that all persons signing the Authorization are our authorized signing officers and are empowered to enter into this agreement.

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5. We hereby authorize the Payee to issue Pre-Authorized Debits (as defined in Rule H4 of the Rules of the Canadian Payments Association) (the "PAD") drawn on the Account, for the purpose of monthly dues payments to Local 115 IBEW in the amount of \$38.00 per month subject to change in the event of a dues increase. Fifty-three per month for those persons paying contractor's dues, also subject to change.
6. We may revoke our Authorization at any time, subject to providing notice of no less than 7 days. A sample cancellation form and further information on our right to cancellation may be obtained at our banking institution or by visiting [www.cdnpay.ca](http://www.cdnpay.ca).
7. We acknowledge that provisions and delivery of the Authorization to the Payee constitutes delivery by us to the Processing Institution. Any delivery of the Authorization to the Payee, regardless of the method of delivery, constitutes delivery by us.
8. Unless otherwise agreed to in writing, the Payee will provide us, at the address provided in Section 1:
  - (a) With respect to fixed amount PADs, written notice of the amount to be debited (the "Payment Amount") and the date(s) on which the Payment Amount debited will be posted to our Account (the "Payment Date"), at least 10 calendar days before the Payment Date of the first PAD, and such notice shall be provided every time there is a change in the Payment Amount or the Payment Date(s).
9. We acknowledge that the Processing Institution is not required to verify that a PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the PAD was issued has been fulfilled by the Payee as a condition to honouring a PAD issued or caused to be issued by the Payee on the Account.
10. Revocation of the Authorization does not terminate any contract for goods or services that exists between us and the Payee. The Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged.
11. We may dispute a PAD only under the following conditions:
  - (i) the PAD was not drawn in accordance with the Authorization
  - (ii) the Authorization was revoked; or
  - (iii) pre-notification, as required under section 8 was not received.We acknowledge that in order to be reimbursed a declaration to the effect that either (i), (ii), or (iii) took place, must be completed and presented to the branch of the Processing Institution holding the Account up to and including 10 business days after the date on which the PAD in dispute was posted to the Account.

We acknowledge that when disputing any PAD beyond the time allowed in this section it is a matter to be resolved solely between us and the Payee, outside the payments system.
12. We agree that the information contained in the Authorization may be disclosed to TD Canada Trust as required to complete any PAD transaction.
13. We have certain recourse rights if any debit does not comply with this agreement. For example, we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD

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Agreement. To obtain more information on our recourse rights, we may contact our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

14. We understand and accept the terms of participating in this PAD plan.

**Member's Name (please print)** \_\_\_\_\_

**Member's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Please return all signed documentation, along with your "Void" cheque, to the Union Hall.