



4. Pre-Authorized Debit (PAD) Details

I/We authorize SFU Community Trust 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 SFU Community Trust account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on or about the first day of each month. These services are for the UniverCity Community Transit Pass.

These services are for (check one) _____ personal, _____ business purposes or _____ funds transfer.

SFU Community Trust 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 SFU Community Trust 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.

I/we agree to the fixed amount payments and the one time application fee as outlined under the account information section. **I/we waive any and all requirements for pre-notification of debiting.**

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

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:

SFU Community Trust
150-8960 University High Street
Burnaby, BC V5A 4Y6
info@univercity.ca
604-291-3000