

UNITED ASSOCIATION OF PLUMBERS & PIPEFITTERS, Local 179

PLEASE PRINT

Name(s): _____

Address: _____

City/Town: _____ Province: _____

Postal Code: _____

Phone Number: _____

Financial Institution (FI): _____

FI Account Number:

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FI Transit Number:

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 (branch - 5 digits; FI - 3 digits)

Chequing Account Savings Account

These services are for (check one) Personal Business funds transfer

You, the Payor, authorize Local 179 to debit the bank account identified above for \$ _____ on the 15th of every month or the next business day.

This authority is to remain in effect until Local 179 has received written notification from you of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. You may obtain a sample cancellation form, or more information on your right to cancel a PAD Agreement at your financial institution or by visiting www.cdnpay.ca.

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Address: _____

City/Town: _____ Province: _____

Postal Code: _____

Authorized Signature(s): _____

Date: _____

PLEASE ATTACH A VOID CHEQUE WITH THIS FORM

United Association of Plumbers & Pipefitters, Local 179
Attention: Accounting Department
402 Solomon Drive
Regina, SK S4N 5A8
Phone: 306-569-0624
Email: mail@ualocal179.ca