



## Authorization & Agreement Pre-Authorized Debit

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**TO: The Canadian Rugby Foundation (the "Company")**

**Account Holder (the "Customer")**

Full Legal Name: Exact Name in which Account is Held:

Address: City:

Province: Postal Code:

Telephone Number: Email address:

**Financial Institution (the "Bank")**

Name of Bank: Address:

City: Province: Postal Code:

Bank Account No.: Branch No.: Institution No.:

The Customer acknowledges that this Authorization is provided for the benefit of the Company and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Customer's account in accordance with the rules of the Canadian Payments Association.

**1. Purpose of Debits (check one)**

- Personal Pre-Authorized Debit  
 Business Pre-Authorized Debit (if donating through your business account)

**2. Pre-Notification of Amounts**

Fixed Amounts: In the case of a fixed amount Pre-Authorized Debit, the Company will provide written notice to the Customer of the amount to be debited and the date of the debit at least ten (10) calendar days before the date of the first debit and every time there is a change in the amount or payment date.



# CANADIAN RUGBY FOUNDATION

PO Box 8003, Victoria, British Columbia, Canada V8W 3R7  
www.canadianrugbyfoundation.ca

Variable Amounts: In the case of a variable amount Pre-Authorized Debit, the Company will provide written notice to the Customer of each amount to be debited and the date of the debit at least ten (10) calendar days before the date of each debit.

The Customer and Company agree to waive the above pre-notification requirements.

Authorized Signature of Customer: \_\_\_\_\_

Authorized Signature of Company: \_\_\_\_\_

### 3. Rights of Dispute

The Customer may dispute a Pre-Authorized Debit under the following conditions:

- (i) the debit was not drawn in accordance with this Authorization;
- (ii) this Authorization was revoked or cancelled; or
- (iii) pre-notification (as set out in paragraph 2 above) was not received.

In order to be reimbursed, the Customer must complete a declaration form at the above indicated branch of the Bank up to and including:

- (i) 90 calendar days (in the case of a Personal debit), or
- (ii) 10 calendar days (in the case of a Business debit),  
after the date on which the debit in dispute was posted to the Customer's account.

The Customer acknowledges that disputes after the above noted time limitations are matters to be resolved solely between the Company and Customer.

### 4. Terms of Authorization to Debit the Above Account

The Customer authorizes the Company to debit or cause to be debited the following amounts from the above account (fill in as applicable)

- a) a fixed amount of \$ \_\_\_\_\_, which amount will be debited:
  - i) on the 16<sup>th</sup> day of each month commencing on \_\_\_\_\_, or
  - ii) with sporadic frequency determined by the Company in its sole discretion, provided that each such debit is for payment due and owing by the Customer to the Company in respect of \_\_\_\_\_

and the aggregate amount of such debits does not exceed \$ \_\_\_\_\_; and

- b) variable amount, which will be debited:
  - i) on the 16<sup>th</sup> day of each month commencing on \_\_\_\_\_, or
  - ii) with sporadic frequency determined by the Company in its sole discretion, provided that each such debit is for payment due and owing by the Customer to the Company in respect of \_\_\_\_\_

and the aggregate amount of such debits does not exceed \$ \_\_\_\_\_.

If the above fixed amount or variable amount will be debited with sporadic frequency the Company shall:

- (i) obtain authorization from the Customer for each and every such Pre-Authorized Debit prior to such debit being exchanged and cleared, and will be initiated by telephone, personal computer or any other electronic device, the Company shall provide the Customer with a password or secret code or other signature equivalent that will identify the Customer and shall constitute valid authorization for the Bank to debit the Customer's above account.



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The Bank is not required to verify that any debits drawn or caused to be drawn by the Company are in accordance with this Authorization or any agreement made between the Customer and the Company as a condition to honouring any debits drawn or caused to be drawn by the Company on the Customer's above account.

The Customer acknowledges that, in order to revoke or cancel this Authorization, the Customer must provide notice of revocation or cancellation to the Company. This Authorization may be revoked or cancelled at any time upon notice being provided by the Customer, either in written or verbal form with proper authorization to verify the identity of the Customer, within 15 days before the date of the next debit. Cancellation or revocation of this Authorization does not terminate any contract for goods or services that exists between the Customer and the Company. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods or services exchanged between the Customer and the Company.

The Customer warrants that all information provided with respect to the above account is complete and accurate. A specimen cheque if available for this account has been marked "VOID" and is attached to this.

Authorization- The Customer undertakes to inform the Company, in writing, of any change in the account information provided in this Authorization prior to the date of the next debit.

The Customer acknowledges that any delivery of this Authorization to the Company constitutes delivery by the Customer to the Company and the Bank. The Customer warrants and guarantees to the Company and the Bank that all persons whose signatures are required to sign on the above account have signed this Authorization. The Customer acknowledges receipt of a signed copy of this Authorization. The Customer acknowledges that it has read, understands, and accepts the terms and conditions of this Authorization.

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Signature(s) or Authorized Signature(s) of Account Holder(s)

(Date)

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Signature(s) or Authorized Signature(s) of Account Holder(s)

(Date)

**For verification, please attach a blank cheque marked "VOID" to the completed Agreement.**

*APPLICABLE IN THE PROVINCE OF QUEBEC ONLY. It is the express wish of the parties that the Agreement and any related documents be drawn up and executed in English. C'est la volonté expresse des parties que cette convention et les documents s'y rattachant soient rédigés et signés en anglais.*

**Upon completion of this form, please mail to:**

**Canadian Rugby Foundation  
PO Box 8003  
Victoria, BC  
V8W 3R7**

**As a reminder, please also include a "VOID" cheque from the desired account.**