



Contact Patrice Berdowski at pberdowski@jccottawa.com for issues related to this agreement.

Family Name: _____ First Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Home Telephone: (____) _____ Work Phone: (____) _____

1. I/we authorize the Soloway Jewish Community Centre to debit the account indicated below for my/our Membership in the amount of \$_____ on the 1st or 15th of each month commencing _____.
 Business Personal Branch # _____ Transit # _____ Account # _____
***ATTACH VOID CHEQUE/DIRECT DEPOSIT FORM**

2. I/we authorize the Soloway Jewish Community Centre to charge my:
 MasterCard Visa American Express
 for my/our Membership in the amount of \$_____ on the 7 , 14 , 21 or 28 of each month commencing _____.
 Card Number: _____ Expiry Date: _____
 Signature: _____ *A 3% convenience fee will be added to all credit card payments

I/we agree that this amount is subject to change as I/we modify our membership plan or services. _____
Initials

I/we understand that if any payment is returned by my financial institution for any reason, I/we are responsible for all NSF charges. Any item returned NSF will be subject to a \$45 fee. _____
Initials

I/we will notify the Soloway Jewish Community Centre promptly in writing if there is any change to the above account information. Ten (10) days notice prior to the debit date is required for any payment modification. _____
Initials

Any delivery of this authorization to the Soloway Jewish Community Centre constitutes delivery by the customer to the bank. It is warranted by the customer that all persons whose signatures are required to sign on the above account have signed the authorization. I/we acknowledge receipt of a signed copy of this authorization. _____
Initials

I may revoke authorization at anytime, subject to providing notice of 30 days.
A cancellation fee may be applied.
I have certain recourse rights if any debit does not comply with this agreement.
To obtain more information on your rights, please contact your financial institution or visit www.payments.ca.

Staff Signature & Operator #

Member Signature

Category

Date

Name of Payer