



ARA Membership Pre-Authorized Payment Plan

Here's a REALLY painless way to gain all the benefits of ARA Membership! Just fill in the application below and:

Enclose a cheque for your first month's dues for \$60.00. Include another cheque, marked "VOID" for the bank to use for subsequent monthly payments.



THAT'S IT! After that, an automatic monthly payment for your ARA dues will be processed.

Terms & Conditions

I/we authorize the payee to debit my/our account as indicated on the attached "VOID" cheque, under the terms and conditions agreed to by me/us with the payee, until such time as written notice to the contrary is given. Further, I/we authorize the collection and storage of such financial and business information as may be required for the automatic debit process by the Automotive Retailers Association, so long as I/we remain on the Pre-Approved Payment Plan.

I/we acknowledge that delivery of my/our authorization to the payee constitutes delivery by me/us to the branch of the financial institution(s) at which I/we maintain an account, and that such financial institution(s) is/are not required to verify the payment(s) is/are drawn in accordance with the authorization. Termination of the authorization does/may not terminate the contract for goods or services exchanged.

I/we will notify the payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me/us to the branch of account within 90 days:

- a) I/we never provided authorization to the payee.
- b) The pre-authorized debit was not drawn in accordance with my/our authorization.
- c) My/our authorization was revoked.
- d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the payee.

I/we warrant that all persons whose signature(s) are requested to sign on this account have signed this agreement.

Pre-Authorized Payment Authorization / Application

NAME(S) _____

FIRM NAME: _____

ADDRESS: _____
(Street / City / Province / Postal Code)

PHONE: _____ FAX: _____

I/we hereby authorize the AUTOMOTIVE RETAILERS ASSOCIATION to process a debit in paper, electronic or other form, in the amount of \$ _____ on my account monthly on the first day of each month.

Month Day Year
BEGINNING WITHDRAWAL DATE
(for office use only)

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This amount may be increased/decreased at a future date, as agreed to in writing by me/us. The Automotive Retailers Association will, to the best of their abilities, advise me/us in writing of the revised amount at least 30 days in advance of changed amount effective date.

I/we acknowledge that I/we have read and understood all provisions contained in the terms and conditions of the pre-authorized payment authorization, and I/we have received a copy.

I/we have certain recourse right 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

Signature/s: _____ Date: _____