

**APPENDIX A**

**PAYOR'S AUTHORIZATION**

I (We) acknowledge that this authorization form is provided for the benefit of the Payee (identified hereinafter) and my financial institution as is provided in consideration of my financial institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

**PAYEE**

Company Name		OPTIMIST INTERNATIONAL	
Street	4494 LINDELL BLVD	City	ST. LOUIS, MISSOURI
Postal Code	63108	UNITED STATES	
Telephone No.			
( 314 ) 371-6000			

I (We) warrant and guarantee that all persons whose signatures are required to sign on this account have signed the agreement below.

I (We) hereby authorize the Payee identified above to draw on my (our) account number with my (our) financial institution, for the following purpose: **(select one or more)**

**Dues & Fees**       **CRA Additions**       **Life Members**       **Purchases**  
 **All Charges**

This authorization may be cancelled at any time upon notice by me (us). I (We) acknowledge that, in order to revoke this authorization, I (We) must provide notice of revocation to the Payee.

This authority is to remain in effect until Optimist International has received written notification from me/us 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. 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](http://www.cdnpay.ca).

I (We) acknowledge that provision and delivery of this authorization to the Payee constitutes delivery by me (us) to my (our) financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

I (We) acknowledge that this authorization concerns only pre-authorized debits in the following categories in accordance with Rule H4 of the Canadian Payments Association:

"personal/household" pre-authorized debits  
 "business" pre-authorized debits

In the case of "personal/household" pre-authorized debits, I (We) shall receive, with respect to the debiting of fixed-amount payments, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the due date of the first payment, and such notice shall be received each time there is a change in the amount or payment date(s); or, with respect to the debiting of variable-amount payments, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to each payment due date.

In the case of "business" pre-authorized debits, I (We) shall receive, with respect to the debiting of fixed-amount payments, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to the due date of the first payment, and such notice shall be received each time there is a change in the amount or payment date(s); or, with respect to the debiting of variable-amount payments, written notice from the Payee of the amount to be debited and the due date(s) of debiting, at least 10 calendar days prior to each payment due date.

The account that the Payee is authorized to draw upon is indicated below. A specimen cheque, if available for this account, has been marked "VOID" and attached to this authorization. I (We) undertake to inform the Payee, in writing, of any change in the account information provided in this authorization prior to the next payment due date.

### IDENTIFICATION OF PAYOR

(Please print)

Mr./Ms./Mrs. Last Name	First Name
Club Name	Club Number
Street	
City	Postal Code
Depository Name	Account No
_____ <b>Checking.</b> _____ <b>Savings (select one)</b>	Transit No.of Institution

I (We) acknowledge that my (our) financial institution is not required to verify that the pre-authorized debit was issued in accordance with the particulars of the Payor's Authorization, but not limited to, the amount.

I (We) acknowledge that my (our) financial institution is not required to verify that any purpose of payment for which the payment was issued has been fulfilled by the Payee as a condition to honouring the pre-authorized debit issued or caused to be issued by the Payor on my (our) account.

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](http://www.cdnpay.ca)

Revocation of this authorization does not terminate any contract for goods and services that exists between myself (ourselves) and the Payee. The Payor's Authorization applies only to the payment method and does not otherwise have any bearing on the contract for goods or services exchanged.

I (We) may dispute a pre-authorized debit under the following conditions:

- (i) the payment was not drawn in accordance with the Payor's Authorization; or
- (ii) the authorization was revoked; or
- (iii) pre-notification was not received.

I (We) acknowledge that, in order to be reimbursed, a declaration to the effect that (i), (ii) or (iii) took place must be completed and presented to the branch of my (our) financial institution either up to and including 90 calendar days in the case of a "personal/household" pre-authorized debit, or up to and including 10 business days in the case of a "business" pre-authorized debit, after the date on which the payment in dispute was posted to my (our) account.

I (We) acknowledge that a claim on the basis that the Payor's Authorization was revoked, or any other reason, is a matter to be resolved solely between the Payee and myself (ourselves) when disputing any pre-authorized debit after 90 calendar days in the case of a "personal/household" pre-authorized debit or 10 business days in the case of a "business" pre-authorized debit.

I (We) understand and accept this pre-authorized debit plan and wish to enroll therein. Furthermore, I (We) agree that any personal information that might be contained in this Payor's Authorization may be disclosed to the Payee's financial institution, to the extent that such disclosure is directly related to and necessary for the proper application of Rule H4 of the Canadian Payments Association.

\_\_\_\_\_  
Signature (as it appears on the cheques)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (as it appears on the cheques)

\_\_\_\_\_  
Date

\* I (We) agree to waive receipt of the notices mentioned above in relation to "business" pre-authorized debits.

\_\_\_\_\_  
Signature (as it appears on the cheques)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (as it appears on the cheques)

\_\_\_\_\_  
Date

**Account holder is required to verify bank account data and attach a voided check here.**