



2021 Membership Deferral Program

Program Overview

As we continue to support our members in these challenging times, we recognize the financial hardships that are ongoing. In an effort to reduce the burden, while still maintaining a strong membership base, the Board of Directors is introducing a payment deferral program for the 2021 membership year.

Any new or returning member has the option to divide their dues into 4 equal payments by providing a VOID Cheque and completing the attached Pre-Authorized Payment form.

Payment Dates:

- April 1, 2021
- June 1, 2021
- August 1, 2021
- October 1, 2021

As part of this program, the member will be entitled to full benefits and privileges. The fee for Membership is \$100 for not-for-profit organizations and retirees, and \$200 (+HST) for all other businesses. Additional levels of sponsorship and advertising are available on the deferred payment plan:





Pre-Authorized Payment Agreement

Member Information (Please Print Clearly)

Business Name: _____

First Name: _____ Last Name: _____

Street Address: _____ Suite/Unit: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: () _____

Pre-Authorized Payment Details

I hereby authorize the PARIS & DISTRICT CHAMBER OF COMMERCE to debit the bank account identified on this form, to pay membership dues for the amount stipulated on the annual invoice provided.

Bank Account Information (Please print clearly and attach a copy of your void cheque or PAD form from your financial institution along with this agreement)

Financial Institution Name: _____ Branch Transit Number: _____

Institution Code: _____ Account Number: _____

Attach VOID Cheque Here

Member Authorization and Agreement

You, the Payor, may revoke your authorization at any time subject to providing verbal /written notice to the Paris & District Chamber of Commerce at least 10 business days prior to your next scheduled Pre- Authorized Payment due date.

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 Pre-Authorized Payment Agreement. To obtain more information, please contact your financial institution or visit the Canadian Payment Association at: www.cdnpay.ca.

When this agreement is completed, please sign and date the form at the bottom and mail or email it along with a VOID cheque to the address noted below. You are required to notify the Paris & District Chamber of Commerce immediately of any changes with respect to the banking account against which it has a designated Pre-Authorized Payment Agreement to be withdrawn.

Member Signature: _____

Date: _____