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PLEDGE FORM

✓ YES! I would like to invest in the future of the Northside
Civic Centre

Name		Address	
City/Town		Province	
Phone	Fax	email	

I Wish To Pledge	\$
Payment Enclosed	\$
Pledge Balance	\$

CREDIT CARDS

Card #	Expiry
Name	
Signature	
Date	

To Be Paid By

- Cash VISA
 Cheque MasterCard



- Automatic Funds Transfer In

Annual

Monthly

Installments Of \$ _____

**ALL CONTRIBUTIONS ARE TAX DEDUCTIBLE AND
MAY BE HONOURED OVER A THREE-YEAR PERIOD**

CONSUMER PRE-AUTHORIZED DEBIT PLAN AUTHORIZATION

Please Attach a Blank Void Cheque

Member: _____
AFT Advice #: _____

I/ We the undersigned authorize _____, herein called 'the Credit Union, to debit my/our account at the financial institution indicated, under the terms and conditions agreed to by me/us with the Credit Union until such time as written notice to the contrary is given to the Credit Union.

Financial Institution - (Attach a blank, "voided" cheque)

Name of Financial Institution		Address		City/ Province	
_____	_____	_____	_____	_____	_____
Institution Number	Branch Number	Account Number to be debited	Amount	Frequency	Start date

I/We have read and understand the terms and conditions and hereby accept them as a condition of my/ our participation in the Credit Union's Consumer Pre-Authorized Debit Plan.

Member's Last Name, First Name	Home Phone Number	Account Number to be credited
_____	_____	_____
Address	City/ Province	Postal Code
_____	_____	_____

Signature of Member/ Account Holder	Signature of Joint Member/ Account Holder (If Required)	Date
_____	_____	_____

1 I/We acknowledge that this authorization is provided for the benefit of the Credit Union and the Financial Institution and is provided in consideration of the Financial Institution agreeing to process debits against my account in accordance with the rules of the Canadian Payments Association. 2 I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed the Consumer Pre-authorized Debit Plan Authorization. 3 I/We hereby authorize the Credit Union to draw on my/our account as indicated in the Consumer Pre-Authorized Debit Plan Authorization. 4 I/We may cancel this Authorization at any time upon 10 days notice. I/We acknowledge that in order to revoke this Authorization, I/We must provide a written notice of revocation to the Credit Union. 5 I/We acknowledge that provision and delivery of this Authorization to the Credit Union constitutes delivery by us to the Financial Institution. Any delivery of this Authorization to you constitutes delivery by me/us. 6 The amount that the Credit Union is Authorized to draw upon is indicated in the Consumer Pre-authorized Debit Plan Authorization. A specimen cheque, if available for this account, has been marked "VOID" and attached to this Authorization. I/We undertake to inform the Credit Union, in writing, of any change in account information provided in this Authorization prior to the next due date. 7 I/We acknowledge that the Financial Institution is not required to verify that a pre-authorized Debit from my/our account has been issued in accordance with the particulars of my Authorization to the Credit Union including, but not limited to, the amount. I/We further acknowledge that the Financial Institution is not required to verify that any purpose of payment for which the pre-authorized Debit was issued by me/us has been fulfilled by the Credit Union as condition precedent to honoring a Pre-authorized Debit issued or caused to be issued by the Credit Union on my/our account. 8 Revocation of this authorization does not terminate any contract for goods or services that exists between me/us and the Credit Union. This Authorization applies only to the method of payment and does not otherwise have any bearing on the contract for goods and services exchanged. 9 I/We may dispute a Pre-authorized Debit to my/our account under the following conditions: a. the Pre-authorized Debit was not drawn from my/our account in accordance with this Authorization; b. I/We revoke this Authorization; or c. Pre-notification was not received. I/We shall be reimbursed only where I/We present a completed declaration to my/our branch of the Credit Union stating that either (a), (b), (c) has taken place within 90 calendar days after the date on which the Pre-Authorized Debit in dispute was posted to my/our account. 10 I/We acknowledge that a claim based on my/our previous revocation of this Authorization, at any time after 90 calendar days after the date on which the Pre-authorized Debit in dispute was posted to my/our account or any reason other than (a), (b), or (c) above, is a matter to be resolved solely between me/us and the Credit Union. 11 I/We hereby consent to the disclosure to the Credit Union any personal or financial information contained in this Authorization which is directly related to the processing of the Pre-Authorized Debits completed in this Authorization under the rules of the Canadian Payments Association.