



Midwives Association of Manitoba Pre-Authorized Debit (PAD) Form

Please debit my bank account \$ _____ on the 1st day of each month, starting January 1, 2021.

Full members: \$67 per month (\$58 for board members); Non-practicing members: \$26.25

Name

Phone

Email

Signature

Date

PAD Category: Personal

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.cdnpay.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

Complete the following information:

Transit # (5 digits)

Bank # (3 digits)

Account # (7 or more digits)

OR Affix VOID cheque here

Questions or concerns?

Rebecca Wood, MAM Treasurer

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