



## Electronic Funds Transfer (EFT) Application

Personal information on this form is collected under the authority of Section 11 of the Municipal Act, 2001. S.O. 2001, c.25 and will be used for the purpose of program registration/membership processing, payment, mailings, and the rental of City facilities. Questions about this collection should be directed to the Recreation & Culture Services Department at 705-739-4223.

### HOW IT WORKS

1. An EFT application form must be filled out for each membership / pass you are purchasing.
2. Initial payment will be processed the day of sign-up. Scheduled EFT payments are due based on membership / pass start date.
3. A new EFT application form must be completed each time you renew your membership.
4. This EFT is for personal use only and must be arranged using a personal cheque or an appropriate substitute from your financial institution.

### FUNDS WITHDRAWAL DATE

Funds will be withdrawn from your account on/or after the dates as outlined on your payment schedule dependent on the processing guidelines of your financial institution. If the withdrawal date falls on a weekend or statutory holiday, payment will be withdrawn on the next business day.

### BANK ACCOUNT CHANGES AND EFT PROGRAM CANCELLATIONS

Please be advised that membership cancellations will be processed on the day before your next regularly scheduled payment with no resulting refund. No cancellation or administrative fee will be applied. Cancellation requests can be made up to 2 business days before the next payment is scheduled however the City can only guarantee cancellation if the request is received at a minimum of 5 business days ahead of the next scheduled payment. The system is not able to process a membership cancellation that is requested on the day before the next payment is scheduled.

Cancellation requests can be made at the Client Service desk at the Peggy Hill Team Community Centre, East Bayfield Community Centre, and Allandale Recreation Centre or by e-mailing [recreation.information@barrie.ca](mailto:recreation.information@barrie.ca). (Cancellations made at your financial institution do not constitute cancellation of your membership and payment charges will be incurred until the City is correctly notified).

### AMOUNT AND TIMING

| Membership Start Date: | EFT Payment Date: | Monthly Withdrawal Amount: |
|------------------------|-------------------|----------------------------|
|                        |                   | \$                         |

### PENALTIES

An administration fee of \$45.00 and the outstanding payment will be applied to your City of Barrie's customer account for payments not cleared by your financial institution. **Please note:** you will not have access to the recreation facility until payment is received and your membership will be cancelled prior to your next payment if your outstanding balance is not paid.

### CANCELLATION OF AGREEMENT

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 EFT Agreement. To obtain more information on your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Complete and return the bottom portion of this application and attach a void cheque - **(line of credit, credit card and savings cheques cannot be used)**.

*Cut on dotted line. Top portion – for customer; bottom portion - for Office Use.*

**PLEASE PRINT CLEARLY WITH BLACK OR BLUE PEN. This portion of application is for Office Use.**

Mandatory banking information (Note: line of credit, credit card, business cheques and savings cheques cannot be used.)

As per the attached voided personal cheque (if you do not have cheques, take this form to your bank branch and they can provide you with an appropriate substitute).

|                                     |                                  |
|-------------------------------------|----------------------------------|
| APPLICANT NAME:                     | FIRST NAME:                      |
|                                     | LAST NAME:                       |
| ADDRESS:                            | STREET:                          |
|                                     | CITY:                            |
|                                     | POSTAL CODE:                     |
|                                     | EMAIL:                           |
| MONTHLY WITHDRAWAL DATE AND AMOUNT: | MONTHLY WITHDRAWAL DATE          |
|                                     | MONTHLY WITHDRAWAL AMOUNT:<br>\$ |

I hereby agree to all terms and conditions outlined in the EFT Program and authorize my bank to draw and issue this monthly payment:

|            |       |
|------------|-------|
| SIGNATURE: | DATE: |
|------------|-------|