



Interbranch Employee Club

Exclusively for ATB Financial Employees

Interbranch Employee Club Application for Membership

Last Name _____

First Name _____

Work Transit Number _____

Location _____

Dept/Branch _____

E-Number _____

Employee Status Permanent - Retiree - Casual - Agent « Circle one

E-mail Address _____

I wish to participate in the Interbranch Employee Club ("Club"). There is an annual membership fee for the club; this membership fee is reviewed annually. The current annual membership fee is Twelve (\$12.00). I understand that by joining part way through a Calendar year the fee will be pro-rated to the end of that Calendar year at \$1.00 per month. The pro-rated fee will be collected from my bank account.

In December, the annual membership fee for the subsequent year will be collected from the account number that I have provided. I hereby authorize the "Club" to automatically charge the cost of the annual renewal membership fee to my account. Email notice of this membership collection will be sent 45 days prior to collection date, should there be a change in the amount of the annual membership fee, and members will be advised of the membership fee in the email.

I acknowledge that this fee will entitle me to full "Club" privileges as determined, and I agree to be bound by all the rules and regulations stipulated by the directors or as detailed in the "Club" by-laws.

I acknowledge that the club does not warrant or accept responsibility in any way whatsoever for products or services, or any other benefit acquired while I am a member in good standing.

I further agree that my membership will continue until the IEC is advised via email at info@interbranchclub.com, of my intent to cancel. Cancellation notice must be received 30 days prior to collection date. I will ensure that the IEC is notified without delay if my account number, work transit number or name changes.

Pre-Authorized Debit Form

The information on this PAD will be used for the collection of the annual membership fee for the Interbranch Employee Club.

Account Holders Name _____

Institution # _____

Transit # _____

Account # _____

Amount of payment: \$12.00, to be collected annually in December.

Payment Start Date: December of this year and will continue until cancellation by email to info@interbranchclub.com

Cancellation notice must be received 30 days prior to collection date. I will ensure that the IEC is notified without delay if my account number, work transit number or name changes. The payer may obtain a sample cancellation form, or further information of their right to cancel a PAD Agreement at their Financial Institution or by visiting www.cdnpay.ca.

Email notice of this membership collection will be sent 45 days prior to collection date, should there be a change in the amount of the annual membership fee, and members will be advised of the change in the email.

You have certain recourse rights if any debit does not comply with the terms of the Canadian Payments Association. For example you have the right to receive a reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca

Date

Signature

To ensure compliance with the new Privacy Legislation Act and to avoid the exposure of your personal account information on the Internet, the IEC requests that you print out this form and submit it to the IEC c/o Transit #420 via the interbranch courier bag.