



卑詩省註冊中醫師公會  
BRITISH COLUMBIA QUALIFIED ACUPUNCTURISTS  
AND T.C.M. PRACTITIONERS ASSOCIATION

#300-5900 No. 3 Road, VanCity Tower, Richmond, BC, Canada V6X 3P7  
Tel : (604) 278-6220 Email : [qatcma@uniserve.com](mailto:qatcma@uniserve.com)  
Fax : (604) 278-1312 Website : [www.qatcma.org](http://www.qatcma.org)

## EFT Pre-authorized Debit (PAD) Agreement

### 1. Payor Information (Please print clearly)

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Type of Membership Applying For:

- Full membership (voting) **\$10/month** (include VOID cheque for monthly automatic bank account withdrawal)

*The debit will be processed to your account on the 25<sup>th</sup> day of each month or the next business day. The service is for membership fee purposes. Payor will pay bank charges in case of insufficient funds.*

I may revoke my authorization at any time, subject to providing notice of 25 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](http://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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my recourse rights, I may contact my/our financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I understand and accept the terms of participating in this PAD plan.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please print, complete and send this form, along with a VOID cheque to:**

**QATCMA**  
#300 – 5900 No. 3 Road  
VanCity Tower  
Richmond, BC V6X 3P7