



## Interbranch Employee Club - Application for Membership

Last Name

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First Name

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Work Transit Number

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Location

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Dept/Branch

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E-Number

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Employee Status          Permanent - Retiree - Agent - Contractor

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E-mail Address

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I wish to participate in the Interbranch Employee Club (IEC). There is an annual membership fee for the club; this membership fee is reviewed annually. The current annual membership fee is Twenty dollars (\$20.00). I understand that by joining part way through a Calendar year the fee will be prorated to the end of that Calendar year at \$1.67 per month. The prorated 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 IEC privileges as determined, and I agree to be bound by all the rules and regulations stipulated by the directors or as detailed in the IEC 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 [iec@atb.com](mailto:iec@atb.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.



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### 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.

#### ATB Bank Account

Transit (5 digits)	219 Financial Institution (ATB)	Account Number (7-12 digits)
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#### Non-ATB Bank Account

Transit (5 digits)	Financial Institution (3 digits)	Account Number (7-12 digits)
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**Amount of payment: \$20.00, to be collected annually in December.**

**Payment Start Date: December of this year and will continue until cancellation by email to [iec@atb.com](mailto:iec@atb.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](http://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](http://www.cdnpay.ca)

I/we warrant and guarantee that all persons whose signatures are required to sign on the above-noted Account have signed this authorization below, that all information with respect to the Account is accurate and I/we agree to inform Interbranch Employee Club in writing, of any change in the above-noted Account information forthwith and, in any event, at least 10 business days prior to the next due date of a debit.

Signature  Date

Please submit this form to [iec@atb.com](mailto:iec@atb.com) to enroll in the IEC Program.