



IATSE LOCAL 118

206 – 2940 MAIN STREET VANCOUVER, BC V5T 3G3

OFFICE: 604 685 9553 www.iatse118.com

PRE-AUTHORIZED DEBIT (PAD) AGREEMENT 2026 COMPLETE ALL INFORMATION

1. PAYOR INFORMATION: (Please print clearly)

NAME: _____

MAILING ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE NUMBER: _____ Email: _____

I authorize Membership Dues to be debited from my bank account: (Please check)

☐ ***\$516.80 EARLY 2026 ANNUAL DUES** 5% Discount Rate withdrawn annually on Nov. 30th for next year's dues.

...increasing by \$48 per payment in successive years unless otherwise notified.

☐ **\$544.00 ANNUAL 2026 DUES** withdrawn on or prior to January 1st every year.

...increasing by \$48 per payment in successive years unless otherwise notified.

☐ **\$136.00 QUARTERLY DUES 2026 and on** withdrawn each quarter on or prior to January 1st, April 1st, July 1st & October 1st

...increasing by \$12 per payment successive years unless otherwise notified.

**To qualify for 5% early payment discount, all current year's and back dues must be paid in full.*

2. BANK ACCOUNT INFORMATION – Please attach VOID Cheque or printed Bank form.

PAYOR ACCOUNT NUMBER:

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BRANCH TRANSIT NUMBER:

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FINANCIAL INSTITUTION NUMBER:

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☐ CHEQUING ☐ SAVINGS

FINANCIAL INSTITUTION NAME: _____

BRANCH ADDRESS: _____

TRANSACTION DATE: START: ____/____/____ To: ____/____/____ ☐ OPEN ENDED
MM DD YYYY MM DD YYYY

3. PAYEE INFORMATION *(Office only)*

IATSE LOCAL 118

Account #:

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Branch Number: _____

4. PRE-AUTHORIZED DEBIT (PAD) DETAILS

I/We authorize **IATSE Local 118** and the financial institution designated (or any other financial institution authorized at any time) to begin deductions as per these instructions for either quarterly or annual recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our **IATSE Local 118** account(s). Regular quarterly or annual payments for the full amount of services delivered will be debited to my/our specified account prior to or on the first day of each quarter or on or prior to December first if paying annual dues in full for the following year. These services are for payment of union dues.

These services are for (check) ☐ business purposes (Union dues)

IATSE Local 118 will obtain my/our authorization for any other one-time or sporadic debits and provide me with 10 calendar days written notice prior to any debits. This authority is to remain in effect until **IATSE Local 118** has received written notification from me/us of its change or termination. This notification must be received at least thirty 30 calendar days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

This form is for variable amount PAD charges. Member dues will be increased at the beginning of each calendar year until further notice. Your dues payment amount will be updated to the new amount upon the schedule. Link to Dues page: <https://iatse118.com/page/paying-minimum-dues>.

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

I/We understand that PAD charges cannot be run without this completed form and a void cheque document from the same account used for these charges.

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

Signature of Account Holder

Signature of Joint Account Holder (if applicable)

Name Please Print

Name Please Print (if applicable)

Date

Date

EMAIL THIS COMPLETED FORM TO office@iatse118.com