



UNIVERSITY
OF MANITOBA

Pre-Authorized Debit Agreement Parking Services

Staff Parking Permit

1. Personal Information

Name: _____ Employee Number: _____

Department Address: _____

Phone: _____ Email: _____

2. Pre-Authorized Debit Account

By checking this box, I hereby give permission for the University of Manitoba to debit my bank account on record with Payroll Services toward payment of a Staff Parking Permit. I also acknowledge my staff parking permit is for personal use.

3. Pre-Authorized Debit Details

You the Payor authorize the University of Manitoba to debit the bank account identified above for payment toward a staff parking pass. You further agree to allow \$47.30 in regular recurring monthly payments be deducted from your bank account toward payment of the entire \$567.50 charge for a 2011-2012 Staff Parking Permit at the University of Manitoba. Regular monthly payments will be debited from your account on the 11th day of each month or the next business day, beginning September 2011 and ending with a final balance payment of \$47.20 in August 2012. Please note: a \$30 fee will be assessed on all returned payments.

You the Payor acknowledge the annual parking permit fee is subject to change annually and authorize pro-rated payments every month in fulfilment of the annual parking fee on an ongoing basis, and that you will be notified in writing no less than 15 days in advance of any change to the annual parking fee and monthly amounts.

You the Payor may revoke your authorization at any time, subject to providing 10 business days notice. To obtain a sample cancellation form, or for more information on your right to cancel a Pre-Authorized Debit Agreement, contact your financial institution or visit www.cdnpay.ca.

Signature(s) of Account Holder(s)

Name(s) (PLEASE PRINT)

Date

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 the Pre-Authorized Debit Agreement. To obtain more information on your recourse rights, contact your financial institution or visit www.cdnpay.ca.

Upon completion, DROP OFF, MAIL or FAX this form to: Parking Services
Welcome Centre
423 University Crescent
WINNIPEG, MB R3T 2N2
Phone: 204-474-9483 / Fax: 204-474-7658
Email: parking_services@umanitoba.ca