

## MEMBERSHIP DIRECT DEBIT AUTHORIZATION FORM

Name:		_ BCMA ID#:		MSP Billing #:	
	(Please Print)			-	
I (we) hereby	authorize the BCMA to withdraw	, my/our monthl	ly Membership	Dues directly from	my/our
bank account	. Funds will be withdrawn from	January throug	h March at the	end of each month	. Any

given after March, the full membership dues will be withdrawn in one lump sum. I have attached a cheque unsigned and marked VOID for the account to be used for this purpose.

months where debits are missed will be compounded onto the following month. If authorization is

Bank Account Type:

Personal

Corporate \* (attach Certificate of Incorporation)

\* Incorporated Physician – If you are a physician requesting your payments to be debited out of your corporate account, please ensure you attach a copy of your Certificate of Incorporation along with your cheque if you have not provided this information previously. Income tax receipts will be issued to the name of your corporation <u>only if</u> <u>debits have been made from a corporate account.</u>

I/we will notify the BCMA in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date.

I/we understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the BCMA.

My/our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the BCMA to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization.

I/we understand that any debits charged to my/our account will be reimbursed if:

- a) the debit was not drawn in accordance with this authorization;
- b) this authorization has been terminated; or
- c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the BCMA.

by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account.

I/we acknowledge that delivery of this authorization to the BCMA constitutes delivery to my financial institution.

I/we warrant that all persons whose signatures are required to sign upon this account have signed this authorization.

X		
Signature	Date	
X		

Signature \*

Date

\* For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.