

Date/Passes Given Out: \_\_\_\_\_ Initial \_\_\_\_\_

## Genesis Place 2017 Annual Pass Payment Plan Application DIRECT DEBIT

Name:	Mailing Address:
Home Phone:                      Bus Phone:	City/Town:                                      Postal Code:
E-mail Address:	

PASS TYPE	Pre-School (3 – 5 yrs.)	Child (6 – 12 yrs.)	Youth (13 – 17 yrs.)	Student (18 – 25 yrs.)	Senior/ Veteran
ANNUAL AMOUNT	\$190.75	\$252.45	\$378.15	\$378.15	\$405.70
DOWN PAYMENT 15%	\$28.61	\$37.87	\$56.72	\$56.72	\$60.86
9 MONTHLY PAYMENTS EACH	\$18.02	\$23.84	\$35.71	\$35.71	\$38.32
<b>PASS SELECTED (X)</b>					
DOWN PAYMENT AMOUNT					

PASS TYPE	Adult	*Adult Executive	Adult Living Well Program	Senior Living Well Program	Family 1	Family Plus 1 Executive
ANNUAL AMOUNT	\$546.85	\$751.25	\$437.50	\$324.55	\$1038.55	\$1242.95
DOWN PAYMENT 15%	\$82.03	\$112.69	\$65.63	\$48.68	\$155.78	\$186.44
9 MONTHLY PAYMENTS EACH	\$51.65	\$70.95	\$41.32	\$30.65	\$98.09	\$117.39
<b>PASS SELECTED (X)</b>						
DOWN PAYMENT AMOUNT						

9 Payments Starting: \_\_\_\_\_  
Month

\_\_\_\_\_ 1<sup>st</sup> of the Month      \_\_\_\_\_ 15<sup>th</sup> of the Month

**\*\*\* Must specify date of Month**  
**\*\*Attach VOID Cheque to Customer Direct Debit\*\***

First Payment: \_\_\_\_\_

Last Payment: \_\_\_\_\_

Pass Expires: \_\_\_\_\_

1. This authorization may be cancelled at any time upon 30 days written notice in advance. Membership privileges will be suspended one month from receipt of said written notice and a \$50.00 cancellation fee will apply (fee subject to change). All arrears need to be paid in full prior to cancellation of pass.
2. All NSF cheques/non-payments are subject to a \$40.00 charge.
3. Return of second NSF cheque/non-payment may result in termination of the plan; all outstanding amounts become due and payable and subject to penalties and possible cancellation of the pass. If the pass needs to be cancelled due to non-payment, there will be an automatic \$50.00 charge added onto the account as per our cancellation guidelines. This payment will show as an arrears and must be paid prior to any future purchases.
4. Family Pass Requirements:
  - Option A: 2 Adults living in the same household (require proof of address)
  - Option B: 2 Adults along with immediate children (documentation such as Alberta Health Care or Birth Certificate may be required) under the age of 18 living in the same household (require proof of address).
  - For students attending Post Secondary School, we require documentation/receipt stating full time enrolment status (Student ID cards alone are not accepted as proof). Applicable to ages 18 - 25.
5. Student passes not under the Family Pass are available (require documentation/receipt stating full time enrolment status – Student ID cards alone are not accepted as proof). Applicable to ages 18 – 25.
6. Apprenticeships/Trades are not eligible under the Student Passes.
7. The applicant acknowledges notification of and agrees to abide by the Terms and Conditions of the Pre-Authorized Payment or post dated cheque policy provided by the City of Airdrie. In the event I/we change my/our bank account or credit card (and/or expiry date) I/we will notify Genesis Place in writing and will provide current replacement post dated cheques or new credit card information not less than 14 days prior to the next due date. All persons whose signatures are required to sign on the bank account must sign the application below.
8. Nothing in this Annual Pass Payment Plan Application shall be interpreted to relieve the owner/applicant from the Obligation to pay any charges, including penalties, owing to the City of Airdrie in the manner or the date or dates for payment established by by-laws of the City of Airdrie.
9. The current pass, levy, and arrears must be paid in full for eligibility in future plans.
10. This plan/pass is good for a 12 month period from the start date at the bottom of this contract. You will be notified at least one month prior to the expiration of your pass to allow you time to renew. Each year you must supply Genesis Place with a new Annual Pass Payment Plan Application before your pass will be renewed.
11. (\*) The Executive Pass is only available on an annual pass to patrons over the age of 18. There is a nominal fee of \$5/month to rent an overnight box in the room (to be arranged through Customer Service).
12. Ability to put your pass on hold 2 times per year, total amount of extension cannot exceed a 6 month period. Passes will be extended no longer than 6 months past the original expiry date. Holds related to a family pass cannot be processed for one individual on the pass. Monthly payments are still processed until paid.

Signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

The information on this form is collected under the authority of Section 33(c) of the Freedom of Information and Protection of Privacy Act and is used solely for purposes relating to the administration of the City of Airdrie. Questions about collection of this information can be directed to the Recreation and Wellness Centre at (403) 948-8804, Ext. 5544 or at 800 East Lake Boulevard, Airdrie, T4A 2K9.

Genesis Place will provide passes for the following: (Please complete all fields)

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

**CUSTOMER DIRECT DEBIT**

Customer Name	_____			
	First	Middle	Last	
Address:	_____			
	Apt#	Street Address	City	Postal Code
Telephone #'s:	_____			
	Home	Work	Cell	
Creditor:	<b>Genesis Place</b> (City of Airdrie), 800 East Lake Blvd., Airdrie, AB			
Account Number:	Chequing: ____ or Savings: ____			
<b>The above is to be completed by customer or creditor ONLY</b>				

Bank:	_____			
Branch Address:	_____			
	Unit#	Street Address	City	Postal Code
	Transit#	Institution#	Account Number	
	_____	_____	_____	
<b>*The above information is to be completed by your Bank Associate/Agent.</b>				

I, the undersigned:

- certify that the information on this form is true and correct
- consent to the exchange of personal information for the purpose of an electronic funds transfer between my Bank and the creditor, **Genesis Place**.
- Understand that the use, disclosure and storage of this form remains the responsibility of the creditor, **Genesis Place**

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Month/Date/Year**