



Insurance  
Travel  
Roadside  
Rewards

# Pre-Authorized Debit Withdrawal Authorization

CAA Manitoba Membership 620 275 \_\_\_\_\_ Expiry date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
DD / MM / YYYY

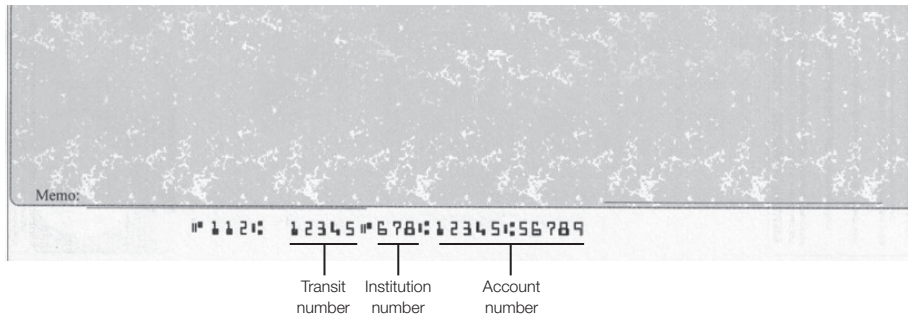
Member name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Daytime) \_\_\_\_\_ (Evening) \_\_\_\_\_

Automatic Renewal \$ \_\_\_\_\_

A voided cheque must be attached with this completed form.



## TERMS AND CONDITIONS

**Payment will be processed within 3 days of your membership expiry date.**

You, the Payor, may revoke your authorization at any time, by providing 45 days' notice. You also have certain recourse rights if any debit does not comply with this agreement. To obtain a sample cancellation form, or for more information on your right to cancel or your recourse rights, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

Completed form can be mailed, emailed or faxed to: **CAA Manitoba**  
P.O. Box 1400  
Winnipeg, Manitoba R3C 2Z3  
Fax: 204-775-4999  
Email: [membership@caamanitoba.com](mailto:membership@caamanitoba.com)

I understand that by enrolling in the Automatic Renewal Plan, I hereby authorize the annual membership payment owing, as outlined above, to be paid from the account indicated directly to CAA Manitoba. In the event that the banking information that I have provided for my Automatic Renewal plan changes or expires, I must contact CAA Manitoba at 204-262-6000 or 1-800-222-4357 to update my information prior to my membership expiry date.

I also understand that my membership dues may change annually as my membership is renewed which will affect the annual payment amount.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_  
(If Authorized By Telephone)

**FOR INTERNAL USE ONLY  
RETURN THIS FORM TO MEMBERSHIP PROCESSING**

CAA Employee ID: \_\_\_\_\_

CAA Store: \_\_\_\_\_