



Insurance
Travel
Roadside
Rewards

Pre-authorized Debit Authorization

CAA Manitoba Membership 620 275 _____ Expiry date: _____

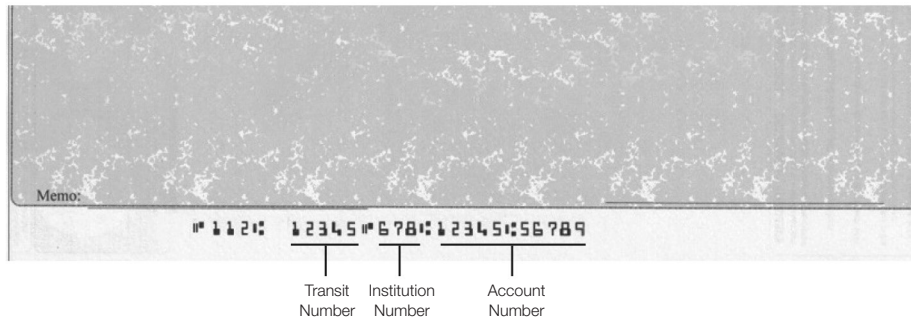
DD / MM / YYYY

Member name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

A voided cheque must be attached with this completed form.



Terms and Conditions:

Payment will be processed within three business days of your membership expiry date.

You, the Payor, may revoke your authorization at any time, by providing 45 days' notice to CAA Manitoba by mail, email or fax (information listed below). 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, visit www.payments.ca or contact your financial institution.

Completed form can be mailed, emailed or faxed to: **CAA Manitoba**
PO Box 1400
Winnipeg MB R3C 2Z3
Email: membership@caamanitoba.com
Fax: (204) 774-9961

I understand that by enrolling in the Automatic Renewal Plan, I hereby authorize the annual membership dues owing, to be paid from the account indicated directly to CAA Manitoba. For Monthly Pay, your annual dues will be divided into 12 monthly payments. 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 which may affect the annual or monthly payment(s). I will receive a membership statement at least 10 days prior to my membership expiry date advising the amount of my dues.

Member signature: _____ Date: _____

Time: _____
 (If authorized by telephone)

For internal use only. CAA Associate ID: _____
Return this form to Membership Processing. CAA Store: _____