ETS Subsidized Transit Pass Program Application

The City of Edmonton is offering a subsidized transit pass to eligible AISH recipients living in Edmonton. The pass can be used on ETS buses and the LRT. This pass is <u>not</u> valid on DATS. Lost or stolen passes will not be replaced. The terms and conditions of this program are subject to change at the discretion of the City of Edmonton.

File Number: _____

Release of Information and Participation Authorization

I hereby apply to participate in the Edmonton Transit Subsidized Pass Program and agree that the Province of Alberta may release my client information required to administer this program to the City of Edmonton.

Customer Name:

_____

PLEASE PRINT FULL NAME

Customer Signature (or signature of Legal Guardian):

X_____

Pre-Authorized Debit Agreement

Customer Information (Please print clearly)

Name: _____ Telephone Number: _____

Street Address: _____ E-mail Address: _____

City: _____ Province: _____ Postal Code: _____

City of Edmonton Account Number: 0048238907010300019

Bank Account Information

Deposit Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐ Branch Transit Number: ☐☐☐☐☐

Financial Institution Number: ☐☐☐ ☐ Chequing Account ☐ Savings Account

Financial Institution Name/Branch: _____

Pre-Authorized Debit (PAD) Details

You the customer authorize the City of Edmonton to debit the bank account identified above for a fixed amount for the value of the subsidized transit pass, including applicable taxes. The amount will be collected monthly on the day your AISH benefit is deposited to your bank account. The funds for your subsidized transit pass will be collected one month prior to receiving your pass. The City of Edmonton has the right to change the amount of the subsidized transit pass by providing you with 10 days notice.

You acknowledge that the transit pass is for personal use.

You the customer may revoke your authorization at any time. Contact the AISH Pass Administrator at 780-496-8321 or in writing to AISH Pass Administrator, P.O. Box 2610, Edmonton, AB, T5J 3R5, at least five working days before the debit date. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit ***cdnpay.ca***

Signature of Customer:

X _____

Name: _____
(PLEASE PRINT)

Date: _____

Signature of Joint Account Holder or Trustee (if applicable):

X _____

Name: _____
(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 reimbursment for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit ***cdnpay.ca.***

When this form is complete, mail to: 5th Floor AISH Office, 12323 - Stony Plain Road NW, Edmonton, AB, T5N 4B4

Please ensure you have attached with this application a voided blank cheque to ensure accuracy of banking information. Questions regarding this program may be directed to ETS at 780-496-8321 or your AISH worker.

This information is being collected under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act.* It will be used to provide you with a subsidized transit pass and for the administration of the subsidized transit pass program for AISH recipients. If you have any questions about the collection, use or disclosure of personal information by this program, contact AISH Pass Administrator st 780-496-8321.