Pre-Authorized Debit (PAD) Form Instructions

To complete the PAD form below:

1. Registration must include payment for
   - Registration fee
   - September tuition

   This initial payment must be done with cash or cheque to "La Pointe Dance Studio".
   This year we are not doing this payment through the PAD

2. Fill the regular monthly payment amount and the first month for the payments.
   For example, if the monthly tuition is $75.00 starting in October

   > • Regular monthly payments for the full amount of **$75.00** will be debited to my/our specified account on **the 1st day of each month**, starting the 1st day of **October**, 2019 and ending on the 1st day of June 2020.

3. Fill all the customer information

4. Fill all the bank information
   To make sure that the information is correct please attach a void cheque

5. Sign the form

Pre-Authorized Debit (PAD) Plan agreement

I/we authorize La Pointe Dance Studio Ltd., and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments from time to time, for payment of all charges arising under my/our La Pointe Dance Studio registration agreement for the 2019/2020 season.

- Regular monthly payments for the full amount of _____will be debited to my/our specified account on **the 1st day of each month**, starting the 1st day of _____, 20__, and ending on the 1st day of June 2020_.

La Pointe Dance Studio Ltd. will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until June 30, 2020 or until La Pointe Dance Studio Ltd. has received written notification from me/us of its change or termination, whichever occurs first. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

La Pointe Dance Studio Ltd. may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca

DATE: _____

Customer Information **(PLEASE PRINT CLEARLY)**

Name(s): _____

Type of Service: Personal ____ Business _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Phone Number: (Bus.) _____ (Res.) _____

Bank Account Information **(PLEASE PRINT CLEARLY)**

Financial Institution: _____

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

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

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

Authorized Signature(s): _____

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