

Fraser Valley Academy of Dance

Please complete the Pre-Authorized Debit (PAD) Plan agreement below

1. Customer Information (please print clearly)

Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____ Email: _____

2. Bank Account Information

Please attach a Void Cheque or bank pre-authorized payment instruction

3. Pre-Authorized Debit (PAD) Details

I/we authorize Fraser Valley Academy of Dance (FVAD) to begin deductions from the bank account indicated by the attached void cheque per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our FVAD account.

Regular monthly payments for the full amount of services delivered will be debited from my/our specified account on the 1st day of each month. These services are for personal use. FVAD will provide online account access and/or monthly invoices indicating the amount of monthly payments due and all debits made.

4. Reduction in Waiver

I/we agree to waive my/our right to receive pre-notification of the amount of the PAD and agree that I/we do not require advance notice of the amount of the PADs before the debit is processed.

5. Authorized Signature

Signature of Account or Card Holder

Signature of Joint Account Holder (if required)

Name (please print)

Name (please print)

Date

Date

6. Cancellation of Agreement

This authority is to remain in effect until FVAD has received written notification from me/us of its change or termination. This notification must be received at the FVAD address provided below at least 10 days before the next debit is scheduled. 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.

7. Recourse Statement

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.

