



Elora Karate Dojo

Located at the Elora Centre for the Arts
75 Melville Street Elora ON N0B 1S0
519-669-0853 www.EloraKarate.ca

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

I/we authorize Elora Karate Dojo 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 and/or one-time payments from time to time, for payment of all charges arising under my/our karate dojo membership. Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day or the 15th day of each month, as indicated below. Elora Karate Dojo will provide 10 days written notice of the amount of each regular debit. Elora Karate Dojo will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Elora Karate Dojo or Barbara Lamble has received written notification from me/us of its change or termination. 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.

Elora Karate Dojo 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

PLEASE PRINT

DATE: _____

Name(s): _____

Address: _____

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

Phone number: _____ Cellular number: _____

Select preferred day for pre-authorized debit:

- 1st day of the month
 15th day of the month

PAD category:

- Personal
 Business

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____

Branch -5 digits FI - 3 digits

Address: _____

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

Authorized Signature(s): _____