

Sooke Dance Studio
Mailing: 7072 Richview Road Sooke BC V9Z0T3
Location: 6653 Sooke Road / Email: dance@sookedancestudio.com
Please complete the Pre-Authorized Debit (PAD) Plan Agreement below.
September 2020 – May 2021

I/we authorize **Sooke Dance Studio**, and the financial institution designated to begin deductions as per my/our instructions for regular recurring payments and/or one-time payments from time to time, for the payment of my/our **dance fees**. The regular term payment for the full amount owed for fees will be debited to my/our specified account on the **1st** day of each month (or following business in case of bank holiday) per terms below. **Sooke Dance Studio** will provide 10 days written notice for any term amount changes. **Sooke Dance Studio** will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until **Sooke Dance Studio** has received **written** notification from me/us of its change or termination. This notification must be received at least **1 month in advance of the Term start date** at the address/email provided above. 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.

Sooke Dance Studio 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**

A \$50 NSF fee applies for PAD payments that do not clear. Additional fees may apply by your bank.

Tuition Amount _____

- | | | |
|---------------|---|---|
| Term 1 | <input type="checkbox"/> 1 payment in full (Sept. 1) | <input type="checkbox"/> 3 monthly payments (September 1, October 1, November 1) |
| Term 2 | <input type="checkbox"/> 1 payment in full (Dec. 1) | <input type="checkbox"/> 3 monthly payments (December 1, January 1, February 1) |
| Term 3 | <input type="checkbox"/> 1 payment in full (March 1) | <input type="checkbox"/> 3 monthly payments (March 1, April 1, May 1) |

Please Print and attach copy of VOID cheque

Dancer Name _____

Account Holders Name(s): _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Email: _____

Phone Number: _____

Type of Service: Business _____

Financial Institution: _____

Transit/Branch # (5 digits) : _____ Financial Institution # (3 digits) _____

Bank Address: _____

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

Signature(s) _____

Date _____
