

## PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

### 1. Customer Information (please print clearly):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### 2. Bank Account Information:

Financial Institution Number (3 Digits): \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_

Financial Institution Branch Address: \_\_\_\_\_

Deposit Account Number: \_\_\_\_\_

Branch Transit Number: \_\_\_\_\_

Chequing Account:  Savings Account:

### 3. Pre-Authorized Debit (PAD) Details

I/We, the Payor, authorize Windermere Music Academy Inc. to debit the bank account identified above for \$\_\_\_\_\_ each time that the value of the services I/we have purchased, including applicable taxes, reaches that amount. And,

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable additional services, goods purchases, tax rate, top-up, or adjustment.

**Please ensure your Financial Institution is advised in advance of the regular monthly recurring payments. Many institutions will require notification from you prior to the first withdrawal in order to avoid declined payments on suspicion of fraudulent charges.**

I/we acknowledge that any NSF fees will be my/our responsibility if payment is declined for any reason. I/we will notify Windermere Music Academy Inc. promptly in writing if I/we move the account from one bank or branch to another, or if there is any other changes in the account.

I/we may revoke this authorization at any time, subject to providing notice to Windermere Music Academy Inc. This notification must be received at least thirty (30) business days before the next debit is scheduled at the address below. I/we understand that if I/we cancel this authorization, it does not mean that our contract obligations to the Company are

ended. For more information on my right to cancel a PAD agreement or obtain a sample cancellation form, I/we may visit: [www.cdnpay.ca](http://www.cdnpay.ca).

Signature of Account Holder:

Signature of Joint Account Holder (if applicable)

\_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_  
(Please print)

Name: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement 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 [www.cdnpay.ca](http://www.cdnpay.ca).