



Interplay School of Dance Pre-Authorized Debit (PAD) Agreement

1. Customer Information (Please Print Clearly)

Name: _____
 Street Address: _____
 City: _____ Province: _____ Postal Code: _____
 Telephone Number: _____

2. Bank Account Information

Deposit Account Number:

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 Branch Transit Number:

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 Financial Institution Number:

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 Chequing Account:

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 Savings Account:

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Financial Institution: Name: _____
 Branch Address: _____

3. Pre-Authorized Debit (PAD) Details

You the Payor, authorize Interplay School of Dance to debit the bank account identified above for \$ _____ on the 1st of every month or the next business day from October 2015-May 2016 school year.

These services are for (check one) Personal Business Use

You, the Payor, may revoke your authorization at any time by filling out a Withdrawal Form with Interplay office and subject to providing 5 business days notice. For more information on your right to cancel a PAD Agreement, contact your financial institution or visit 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.

When this form is complete, mail or fax to: Interplay School of Dance 1696910 Ontario Inc.
 250 Davisville Ave.
 Toronto, ON
 M4S 1H2
 Tel: 416-972-1316 Fax: 416-972-1497
 email: staff@interplay-dance.ca