



Pre Authorized Debit Agreement

Please provide a VOID cheque with this agreement.

Customer Information (Please print clearly)

Name: _____

Street Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone Number: _____

Bank Account Information (Please print clearly)

Bank Account Number: _____

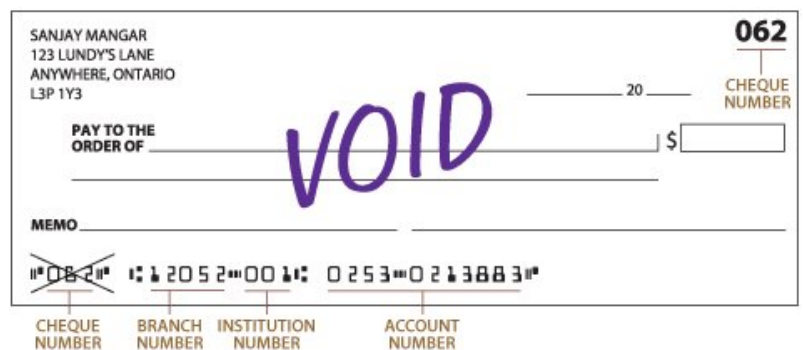
Branch (Transit) Number: _____

Financial Institution Number: _____

Account: Chequing Savings

Financial Institution Name: _____

Branch Address: _____



Pre Authorized Debit (PAD) Details (Please print clearly)

You, the Payor, authorize The Dance Station to debit the bank account identified above for \$_____ on the 1st of every month or the next business day from _____ to _____.

These services are for Business Use only

These services are for Personal Use only

You, the Payor, may revoke your authorization at any time by contacting us by email at dancestation@thedancestation.ca, or in person, subject to 30 days notice to The Dance Station.

Signature of Account Holder _____

Signature of Joint Account Holder (if applicable) _____

Date _____

You have certain recourse rights in any debit does not comply with this agreement. For example, you have the right to receive reimbursements 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