

**Pre-Authorized Debits (PADs) Rule H1
Payor's PAD Agreement – Mandatory and Supplementary Elements**

CrossFit Saint John

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

I/we authorize CrossFit Saint John, 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 CrossFit Saint John account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the the 1st day of each month. CrossFit Saint John will provide 10 days written notice of the amount of each regular debit. CrossFit Saint John will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until CrossFit Saint John 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.

CrossFit Saint John 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): _____ **CrossFit Saint John Account Number:** _____

Type of Service: Personal ____ Business ____

Address: _____

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

Phone Number: (Bus.) _____ (Res.) _____

Financial Institution (FI):

_____ **CrossFit Saint John Membership Fee Amount: \$**

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

(branch -5 digits; FI - 3 digits)

Address: _____

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

Authorized Signature(s): _____