

## CrossFit Moncton

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

I/we authorize CrossFit Moncton, 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 Moncton account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the renewal date of each month. CrossFit Moncton will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until CrossFit Moncton 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](http://www.cdnpay.ca).

CrossFit Moncton 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](http://www.cdnpay.ca)

**PLEASE PRINT**

**DATE:** \_\_\_\_\_

**Name(s):** \_\_\_\_\_ Type of Service: Personal \_\_\_\_ Business \_\_\_\_

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Phone Number: (Bus.)** \_\_\_\_\_ **(Res.)** \_\_\_\_\_

**Financial Institution (FI):** \_\_\_\_\_

**Account Type:** \_\_\_\_\_

**FI Account Number:** \_\_\_\_\_ **FI Transit Number:** \_\_\_\_\_ - \_\_\_\_\_

*(branch -5 digits; FI - 3 digits)*

**Address:** \_\_\_\_\_

**City/Town:** \_\_\_\_\_ **Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Authorized Signature(s):** \_\_\_\_\_

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Payments may be made by Visa or Mastercard as well. All credit card information will be stored on a secure site. The lower portion of this form will be shredded immediately for your security.

Circle one: Visa / Mastercard    Credit Card Number: \_\_\_\_\_

Security Number: \_\_\_\_\_    Expiry Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

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