



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

I authorize Destiny Martial Arts and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments from time to time, for payments of all charges arising under my Destiny Martial Arts account(s). Regular monthly payments for the full amount of services delivered will be debited from my specified account on the 1st day of each month as per the agreement with Destiny Martial Arts. Destiny Martial Arts will obtain my authorization for any other one-time or sporadic debits.

This authorization is to remain in effect until Destiny Martial Arts has received written notification from me by way of email only, of its change or termination. Verbal notification will NOT be accepted. It is my responsibility to ensure this email is sent to Destiny Martial Arts without a reminder from Destiny Martial Arts Staff, Instructors or Administrators. This email notification must be received at least 15 days before the next debit is scheduled from the account number stated below. In the event that I forget to provide 15 days written notice, I cannot retrieve those funds due to my own negligence. I am also aware that any fraudulent activity on my part will subject me to immediate legal action from Destiny Martial Arts Club. I may obtain more information on my rights to cancel a PAD agreement at my financial institute or my visiting www.cdnpay.ca

Destiny Martial Arts 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.

CONTACT INFORMATION (PLEASE PRINT CLEARLY)

STUDENT NAME: _____

STREET ADDRESS: _____

CITY: _____

POSTAL CODE: _____

TEL: _____

FINANCIAL INSTITUTION DETAILS

ACCOUNT HOLDER: _____

FINANCIAL INSTITUTION (3 DIGITS): _____

ADDRESS: _____

TRANSIT (5 DIGITS): _____

ACCOUNT NUMBER: _____

PAYMENT DETAILS

ONE-TIME PAYMENT: _____

MONTHLY FEES: _____

AUTHORIZATION DATE: _____

ALL NSF PAYMENTS ARE SUBJECT TO A \$25 NSF FEE. BY SIGNING THIS AGREEMENT YOU FULLY AGREE TO THIS POLICY.

AUTHORIZED SIGNATURE: _____

ADMINISTRATION

Void Cheque

Photo

Dobok Size _____

Curriculum Book