PRE-AUTHORIZED DEBIT (PAD) AGREEMENT

Parent/Guardian Name: _____ Telephone: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

I, the Payer, authorize Kingston Elite Cheerleading Inc. to debit the bank/credit account identified below for the fees listed on this form as well as fees incurred for future clothing, classes/lessons, special events, etc. as applicable. I understand there is a $30.00 fee per declined transactions on either my credit card or debit card due to insufficient funds.

Payer Signature: _____ Date: _____

Bank Account Information:
Payer may attach a VOID cheque or complete the account details section.

VOID cheque attached ☐

Account Details:
Financial Institution: _____

Deposit Account Number: _____ Account Type: _____

Financial Institution Number: _____ Bank Transit Number: _____

Branch Address: _____

You the payer authorize Kingston Elite Cheerleading to debit the bank account identified above for all fees as determined and outlined in your fee schedule. Payment will be processed on the 20th of each month or the next regular business day.

Signature of Account Holder: _____ Print Name: _____

These services are for: Personal _____ Business _____ Date: _____

OR

CREDIT CARD AUTHORIZATION FORM 2022/2023

Please provide your credit card information to process payments. Payment will be processed on the 20th of each month or the next regular business day.

Name on card: _____

Card # _____/_____/_____/_____ Expiry _____/_____ CVV_____
MM / YY

_____ _____
Cardholder Signature Date

You, the payer, may revoke your authorization at any time by contacting the Director and signing below. Cancellation is subject to providing 30 days notice ahead of transaction date. For more information on your right to cancel a PAD agreement contact your financial institution or visit www.payments.ca

Date Cancelled: _____ Signature: _____
Your have certain recourse rights if any debit does not comply with this agreement. For Example, your have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD agreement. To obtain more information contact your financial institution or visit www.payments.ca

I ENSURED MY MEMBERSHIP TO KINGSTON ELITE CHEERLEADING FOR THE 2022/2023 SEASON BY SUBMITTING THE ABOVE MENTIONED FEES BY PRE-AUTHORIZED DEBIT OR A CREDIT CARD AUTHORIZATION FORM BY MAY 20TH, 2022.

I understand that Kingston Elite Cheerleading reserves the right to pursue these fees if I choose to leave the club and if these financial obligations are not met.

Signature of Parent/Legal Guardian : _____ Date :_____