

Payor's PAD Agreement



INSTRUCTIONS

- 1. The Payee must retain this agreement for at least 12 months after the last Pre-Authorized Debit (PAD) is issued.
- 2. The Payee can obtain the transaction type code from the CPA's website: http://www.cdnpay.ca/rules/pdfs_rules/standard_005.pdf. Go to Section E, Appendix 2, Transaction Types.
- 3. The Payee will insert the number of days required to cancel a payment in the "Cancel Payment" Section (cannot exceed 30 days).

PAYOR/PAYEE INFORMATION (Mandatory)

Account Holder Name(s) (the "Payor")

Address (street, city, province, postal code)

Email Address Phone No.

Payee Name (the "Payee") same as Payor

Address (street, city, province, postal code)

Email Address Phone No.

PAYMENT DETAILS Specimen cheque marked "VOID" attached.

Description of PAD (optional)	CPA Transaction Type Code	Payment Type (Choose one only)	Payor Financial Institution Name and Address (the "Processing Institution")
		<input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD	
Amount of Payment	Dates		Payor Account (The Payor's account at the Processing Institution; the "Account")
<input checked="" type="checkbox"/> Fixed \$ _____ <input type="checkbox"/> Variable (Maximum Amount): \$ _____	<input type="checkbox"/> Weekly beginning <input type="checkbox"/> Bi-weekly beginning <input checked="" type="checkbox"/> Monthly beginning <input type="checkbox"/> Other* _____ <input type="checkbox"/> Sporadic		
			Institution No. Branch ID Account No. 0 _____ _____
			Payee Account (Payee's account for credit — complete if known.) Institution No. Branch ID Account No. 0 _____ _____

*Specify intervals, set dates, or specific act, event, or other criteria that triggers PAD.

AUTHORIZATION (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)

I/We acknowledge that this agreement is provided for the benefit of the "Payee" and "Processing Institution" and is provided in consideration of the Processing Institution agreeing to process debits ("PADs") against the Account with the Processing Institution in accordance with the Rules of the Canadian Payments Association (the "CPA Rules").

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions on page 2, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement, including the terms and conditions on page 2.

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

Payor Signature _____ Date _____

Payor Signature _____ Date _____

WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS.)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

Payor Signature _____ Payor Signature _____

CANCEL PAYMENT (16 days notice is required before the next PAD will be issued. Cannot exceed 30 days.)

The Payor hereby cancels this Payor's PAD Agreement effective: **MAY 15, 2020**

Payor Signature _____ Date _____

Payor Signature _____ Date _____

Payor's PAD Agreement



DANCE UNLIMITED - PAC

INSTRUCTIONS

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PAYOR/PAYEE INFORMATION (Mandatory)

Account Holder Name(s) (the "Payor")	
Address (street, city, province, postal code)	
Email Address	Phone No.
Payee Name (the "Payee") <input type="checkbox"/> same as Payor	
Address (street, city, province, postal code)	
Email Address	Phone No.

PAYMENT DETAILS Specimen cheque marked "VOID" attached.

Description of PAD (optional)	CPA Transaction Type Code	Payment Type (Choose one only)	Payor Financial Institution Name and Address (the "Processing Institution")
		<input type="checkbox"/> Personal PAD <input type="checkbox"/> Business PAD <input type="checkbox"/> Funds Transfer PAD	
Amount of Payment	Dates		Payor Account (The Payor's account at the Processing Institution; the "Account")
<input type="checkbox"/> Fixed \$ _____ <input checked="" type="checkbox"/> Variable (Maximum Amount): \$ _____	<input type="checkbox"/> Weekly beginning _____ <input type="checkbox"/> Bi-weekly beginning _____ <input type="checkbox"/> Monthly beginning _____ <input type="checkbox"/> Other* _____ <input checked="" type="checkbox"/> Sporadic See back		
			Institution No. Branch ID Account No. 0 _____ _____ _____
			Payee Account (Payee's account for credit — complete if known.) Institution No. Branch ID Account No. 0 _____ _____ _____

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AUTHORIZATION (If only 1 signature is required for the Account, then only 1 Payor need sign. If 2 or more signatures are required, then both or all Payors must sign.)

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on page 2, acknowledges understanding the terms and conditions of this agreement, and agrees to be bound by the terms and conditions of this agreement, including the terms and conditions on page 2.

By signing this agreement, the Payor acknowledges having received and having read a copy of this agreement, including the terms and conditions

I/We warrant and guarantee that the person(s) whose signature(s) are required to sign on the Account have signed the agreement.

<input checked="" type="checkbox"/>	Payor Signature	→	Date
<input checked="" type="checkbox"/>	Payor Signature		Date

WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS.)

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

<input checked="" type="checkbox"/>	Payor Signature	<input checked="" type="checkbox"/>	Payor Signature
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CANCEL PAYMENT (16 days notice is required before the next PAD will be issued. Cannot exceed 30 days.)

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<input checked="" type="checkbox"/>	Payor Signature	→	Date
<input checked="" type="checkbox"/>	Payor Signature		Date

July 1st

- _____ \$195.00 (Girls) Company fee MINI STARS
- _____ \$215.00 (Girls) Company fee FIERCE, CORE, PEAK, EDGE COMPANIES and ELITE TEAM
- _____ \$150.00 (Girls) Crew fees JUNIOR and SENIOR CREWS
- _____ \$150.00 (Boys) Company/Crew fee ALL COMPANIES and JUNIOR and SENIOR CREWS
- _____ \$100.00 Competition fee MINI STARS, FIERCE COMPANY, JUNIOR and SENIOR CREW
- _____ \$200.00 Competition fee CORE and PEAK COMPANIES
- _____ \$225.00 Competition fee EDGE COMPANY
- _____ \$300.00 Competition fee ELITE TEAM
- \$ _____ Other - description _____

August 1st

- _____ \$225.00 Competition fee EDGE COMPANY
- _____ \$300.00 Competition fee ELITE TEAM
- \$ _____ Other - description _____

November 1st

- _____ \$90.00 Company/Crew Costume fee MINI STARS, JUNIOR and SENIOR CREWS
- _____ \$180.00 Company Costume fee FIERCE COMPANY
- _____ \$270.00 Company Costume fee CORE and PEAK COMPANIES
- _____ \$360.00 Company Costume fee EDGE COMPANY
- _____ \$450.00 Company Costume fee ELITE TEAM
- _____ Non-Company Costume fee \$85.00 x _____ = \$ _____
- _____ Recital fee \$50.00 x _____ = \$ _____
- \$ _____ Other - description _____