

**PRE-AUTHORIZED DEBIT AGREEMENT**

<b>1. CUSTOMER INFORMATION (PLEASE PRINT)</b>		
Account Holder Full Name:		
Street Address:		
City / Town:	Province:	Postal Code:
Telephone Number:		
<b>2. BANK ACCOUNT INFORMATION</b>		
Financial Institution Name:		
Branch Address:		
Branch Transit Number:     ___ ___ ___ ___	Financial Institution Number:     ___ ___	
Deposit Account Number:		
<b>3. PRE-AUTHORIZED DEBIT DETAILS</b>		
<p>I/we authorize Vertigo Rhythmic Gymnastics Ltd., and the financial institution designated 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 Vertigo Rhythmic Gymnastics Ltd. contract.</p> <p>Regular monthly payments as listed in my contract will be debited to my/our specified account on the <b><u>1<sup>st</sup> day / 10<sup>th</sup> day (circle one option)</u></b> of each month or the next business day.</p> <p><u>Payments which are dishonoured by my/our bank, will be reversed by Vertigo Rhythmic Gymnastics Ltd. with an additional NSF (Non-Sufficient Funds) \$20 Processing Fee applied.</u></p> <p>This authority is to remain in effect until Vertigo Rhythmic Gymnastics Ltd. 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.</p> <p>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.</p>		
Type of Services (check one): <input type="checkbox"/> Personal <input type="checkbox"/> Business		
Signature of Account Holder:		Signature of Joint Account Holder (if applicable):
Full Name (print):		Full Name (print):
Date:		Date:
<b>4. VOID CHEQUE – Please attach VOID Cheque or Direct Deposit Form</b>		
		