ROCK ATHLETICS INC
236 Park Avenue
MOUNT PEARL, NL

RockAthleticsClub@gmail.com

1. CUSTOMER INFORMATION (Please Print Clearly):

Name: _____
Student/Client Name (If different from above): _____
Street Address: _____
City: _____ Province: _____ Postal Code: _____
Telephone Number: (Home) _____ (Cell) _____
Email Address:_____

2. BANK ACCOUNT INFORMATION:

Deposit Account #:

Branch Transit #: Financial Institution #:

Checking Account: ☑ Savings Account: ☐

Financial Institution: Name: _____
Branch Address: _____

3. PRE-AUTHORIZED DEBIT (PAD) DETAILS:

You, the Payor, authorize Rock Athletics to debit the bank account identified above for _____ dollars on the _____ of every month or the next business day.

These services are for (check one) ☐ Personal ☐ Business Use

This authority is to remain in effect until Rock Athletics has received written notification from you (the payor) 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. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement, contact your financial institution or visit **www.cdnpay.ca**

Signature of Account Holder: Signature of Joint Account Holder (if applicable):

_____ _____

Name: _____ Name: _____
(Please Print) (Please Print)
Date: _____ Date: _____

You have certain recourse rights if any debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on your recourse rights, contact your financial institution or visit **www.cdnpay.ca**