



#200, 20 Crystalridge Drive Okotoks, AB T1S 2E6

Phone (403) 938-2700 okotoksmusic@shaw.ca

Payer Authorization and Agreement

The Customer acknowledges that this Pre Authorized Debit (“PAD”) is provided for the benefit of Music Central and the Bank, and is provided in consideration of the Bank agreeing to process debits against the Customer’s account in accordance with the rules of the Canadian Payments Association. www.cdnpay.ca

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

Student name: _____ Birthdate _____

Account Holder, Full Legal Name: _____ Exact Name of the Account: _____

Address: _____ Home Telephone # _____

City _____ Province _____ Postal Code _____

Financial Institution: **(Please Provide a Voided Cheque)**

Name of Bank _____ Bank Address _____

City _____ Province _____ Postal Code _____

Transit Number _____ Bank Account No. _____ Institution Number _____

This authority is to remain in effect until Music Central 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. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca. Music Central may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days written notice to me/us.

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 Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca. Terms of Authorization to Debit the Above Account: The customer authorizes Music Central to debit the following amounts from the above account (fill in as applicable). Lessons – a monthly amount, as listed below, which will be debited on the first of each month commencing on _____ and the aggregate amount of such debits does not exceed \$ _____

Customer Signature _____ Company Signature _____ Date _____

For Admin Use Only:

Month	Fee	Initial	Month	Fee	Initial
September			March		
October			April		
November			May		
December			June		
January			July		
February			August		