

A FROST DANCE

E X P E R I E N C E

a personalized dance experience in an exciting and encouraging environment

PAYOR'S PAD AGREEMENT
Personal Pre-Authorized Debit Plan
Authorization of the Payor to the Payee to Direct Debit an Account

Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign under payor information.
3. Return the completed form with a blank cheque marked "void" to the Payee at the address noted below.
4. If you have any questions, please write or call the payee.

PAYOR INFORMATION (Please type or print clearly)

Payors Name(s):	
Address:	
Telephone:	
Signature of Payor(s):	Date:

PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION (Please type or print clearly)

Branch Number	Transit #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

PAYEE INFORMATION (Please Type or print clearly)

Payee: A Frost Dance Experience
Address: 184 Marina Blvd., Suite 9, Peterborough, ON K9H 6M9
Telephone: (705) 740-0002 Email: dance@afrostdance.com

PAYMENT INFORMATION (Please type or print clearly)

Please specify whether the payment is a:
(Please choose one)

Fixed Amount: (Please specify) _____

Variable Amount:

Please specify whether there is a maximum amount or indicate N/A if there is no maximum amount: _____

Occurring at: (Please choose one)

Set intervals: Please specify the timing (i.e. weekly, bi-weekly, monthly) 3 payments

Are top-ups or adjustments permissible? (Please check one)

Yes

No