



PERFECT STORM ATHLETICS
 c/o 18536 – 111 Ave, Edmonton AB T5S 2V4
 Ph:780-477-8676 / info@perfectstormathletics.com
Pre-Authorized Payment Agreement

Please complete this Pre-Authorized Debit / Credit Card Charge (PAD/CC) Agreement in full.

I/we authorize Perfect Storm Athletics Ltd., Perfect Storm Athletics (Calgary) Ltd., Perfect Storm Athletics (Sherwood Park) Ltd. or Perfect Storm Athletics (Lethbridge) Ltd. (any one or all, referred to as “Perfect Storm”) and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions or to charge my credit card as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, in settlement of all charges arising under my/our Perfect Storm account(s). Regular monthly payments for the full amount of goods and services delivered will be debited to my/our specified bank account or charged to my/our designated credit card, as the case may be, on the 1st business day of each month or at other specified times. Recurring charges may include charges such as cheer, dance and tumbling tuition. Occasional, periodic or one time charges may include uniform, registration, team jacket, camps and travel charges, as well as any other classes registered for or other purchases made and charged to my account for items such as food cards, clothing or other merchandise or services. Most fees are identified and outlined in the Cheer and Dance Handbook posted on our web site (www.perfectstormathletics.com) and communicated through email, “Weather Forecasts” and other communications. I/we understand that pricing / costs may change from year to year. I/we acknowledge we have read the Cheer and Dance Handbook and agree to the gym Rules and Regulations. I/we agree to waive the requirement under the CPA Rules to receive a written pre-notification prior to each PAD as set out in the rules. I/we warrant and guarantee that all persons whose signatures are required to sign on this account have signed this Agreement.

This authorization is to remain in effect until Perfect Storm has received written notification from me/us of a banking / credit card change or termination. This notification must be received at the address provided above, at least ten (10) business days before the next debit / credit card charge is scheduled. 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.

Perfect Storm may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us. I/we have certain recourse rights if any debit/credit card charge does not comply with this Agreement. For example, I/we have the right to receive reimbursement for any PAD/CC that is not authorized or is not consistent with this PAD/CC 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 or visit www.cdnpay.ca. Before taking this course of action, I agree to contact Perfect Storm with my concern, as the transaction(s) in question may be a simple error or misunderstanding.

There will be a \$40 fee per transaction for returned funds or declined credit card due to incorrect information, expired credit card, insufficient funds, or any other reason. It is my / our responsibility to ensure this information is kept up to date and accurate. I/we may access and change this information to ensure it is correct by logging in to my/our account at <https://app.jackrabbitclass.com/portal/ppLogin.asp?id=506145>.

I / We understand that if my/our account is not paid in full in accordance with this Agreement, the Athlete(s) below may not be permitted to participate in activities of Perfect Storm.

Athlete Name(s):

CUSTOMER (ACCOUNT HOLDER) INFORMATION (Please print clearly)		
Complete name(s) of account holder(s):	Last name	First
Mailing Address		
City / Prov		Postal Code
Telephone Number	H:	Cell:
Email:		

PAYMENT OPTIONS (Choose One):

Option #1: Automatic Withdrawal by PRE-AUTHORIZED DEBIT (PAD)	
Please complete all sections and attach a blank cheque marked VOID	
I prefer to have my charges paid through Pre-authorized Debit / withdrawal from my bank account:	Initial if yes:
Name(s) on Account	
Account Number	Branch Transit Number (5 digits)
Financial Institution Name:	3 digit Financial Institution #
Branch Address:	

Option #2: Automatic charge to <u>credit card</u> (CC)		
I prefer to have my charges paid by charge to my credit card:	Initial if yes:	
Complete name on credit card:		
Card Type (VISA or Mastercard ONLY)		
Credit Card Number:	Expiry Date (mm/yy)	
Billing Address (if different from above):		
City:	Province:	Postal Code

I/we hereby agree to the terms of this pre-authorized payment Agreement.

I/we acknowledge that I/we have read and understood all provisions of this Agreement.

Signature

Date

Signature

Date