



Evelia Espinosa's Art Studio
#3 - 99 Moray Street
Port Moody, BC

Pre-Authorized Debit Agreement (PAD)

Payor Information / Account to be Debited (the "Account")

Account Holder (First & Last name or Business name): _____

Address: _____

City: _____ Postal Code: _____ Telephone: _____

Email: _____

Account Co-Holder (if applicable): _____

Bank Account Information (Attach VOID Cheque)

Name of Financial Institution: _____

Address of Financial Institution: _____

Transit No: _____ Institution No: _____ Account No: _____

Payee Information/ Account to be Credited (the "Credit Facility")

Financial Institution: _____ Telephone: _____

Address of Financial Institution: _____

Credit Facility Holder: _____ Telephone: _____

Business Address: _____ Postal Code: _____

Credit Facility Contact Person: _____ Email: _____

Authorizations

Payment Amount

I authorize the financial institution of the Payee identified above to debit my Account:

A fixed amount of \$ _____

Payment Frequency

Monthly

One Time (Tuition in Full)

PAD Category

Personal

Payment Schedule, Installments and Cancellation

I authorize the financial institution of the Payee identified above to debit the Account as per the schedule outlined below.

Debits will commence on _____

After the initial debit to the Account on the date stated above, the financial institution of the Payee will debit the Account for _____ additional installments. These installments will be withdrawn between the 1st - 5th of each month until all the installments have been fulfilled or a cancellation has been approved.

I agree to waive my right to receive a notice indicating the amount to be debited from my Account and the date of the debit 10 days before the date of the first scheduled PAD. I also waive my right to receive written notice 10 days prior to each change to the amount or debit date.

The authorization may be revoked only from **September 1st, 2022- November 30th, 2022** with a 30-day prior written notice. Cancellations after November 30th, 2022 are not accepted and requesting a stop payment or canceling your pre-authorized debit agreement does not cancel the contract made with the Payee nor does it cancel the amount you owe. Arrangements with the Payee will have to be made to pay any amounts owed. To obtain a cancellation form please contact the Credit Facility Holder - **Artem Studios^{LTD}** at (604) 417-9650 or evelia@evelia.ca

You have certain recourse rights if any PAD does not comply with this PAD Agreement. For example, you have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD Agreement.

I certify that all persons identified on the Account are informed of this authorization and have agreed to the terms of this PAD Agreement. I certify that all persons identified on the Account have agreed to provide a "void" cheque. I consent to the exchange of personal information between the financial institutions described above for the purposes of giving effect to this PAD agreement.

x

Signature of Payor account holder

Signature of Payee account holder or an authorized representative

Name of Payor (please print)

Name of Payee or the authorized representative (please print)

Date (DD-MM-YYYY)

Date (DD-MM-YYYY)