



Pre-Authorized Debit (PAD) Agreement Delta Hockey Academy

Please complete the Pre-Authorized Debit (PAD) Plan agreement below.

I/we authorize Delta Hockey Academy, and the financial institution designated (or any other financial institution I/We may authorize at any time) to begin deductions as per my/our instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my/our Delta Hockey Academy account(s). Regular monthly payments for the full amount of services delivered will be debited to my/our specified account on the 1st day of each month. This amount is determined by the team tuition for the given season registered for. Delta Hockey Academy will obtain my/our authorization for any other one-time or sporadic debits.

I may revoke my authorization and change payment method prior to the 1st payment of the 1st monthly, subject to providing notice of 14 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 my recourse rights, I may contact my financial institution or visit www.payments.ca.

PLEASE PRINT

DATE: _____

Player Name: _____ **Player Team:** _____
Name(s): _____
Address: _____
City/Town: _____ **Province:** _____ **Postal Code:** _____
Phone Number: _____ **Email:** _____

Financial Institution (FI): (or attach void cheque) _____

Transit No. _____

Inst. No. _____

Account No. _____

The debit will be processed to your account on the 1st day of each month or the next business day.

These services are for (check one): **personal** **business use.**

I authorize the Delta Hockey Academy to use the account details provided to set up Pre-Authorized Debit Payments.

Authorized Signature(s): _____

Delta Wild Hockey Group
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Delta, BC V4G 1J7
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