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Pre-authorized Debit (PAD) Agreement

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

I authorize *Vitality Fitness Training Inc.*, and the financial institution designated (or any other financial institution I may authorize at any time) to begin deductions as per my instructions for monthly regular recurring payments and/or one-time payments from time to time, for payment of all charges arising under my *Vitality Fitness Training Inc.* account(s). Regular monthly payments for the full amount of services delivered will be debited to my specified account on the **15th day of each month**. *Vitality Fitness Training* will obtain my authorization for any other one-time or sporadic debits.

This authority is to remain in effect until *Vitality Fitness Training Inc.* has received written notification from me of its change or termination. We **WILL NOT RENEW** your contract without a new agreement. This notification must be received at least **ten (10) business days** before the next debit is scheduled at the address provided below. I may obtain a sample cancellation form, or more information on my right to cancel a PAD Agreement at my financial institution or by visiting www.cdnpay.ca. Cancelling the PAD Agreement does not affect the obligations between myself and *Vitality Fitness Training Inc.* under any broader contract for services.

Vitality Fitness Training Inc. 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.

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 PAD that is not authorized or is not consistent with this PAD Agreement. To obtain a form for a Reimbursement Claim, or for more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca.

PLEASE PRINT

DATE: _____

Full Name of Member (please print): _____ Type of Service: Business

Amount to be debited on a regular monthly basis: \$ _____

1st Debit: 15/_____/20____ Last Debit: 15/_____/20____
mm yy mm yy

Address: _____

City/Town: _____ Province: _____ Postal Code: _____

Telephone Number: (Home) _____ (Work) _____

Full Name of Account Holder (please print): _____

Signature of Authorized Account Holder: _____

ATTACH VOID CHEQUE HERE