Boiler Room PAD Agreement

1. Customer Information *(please print clearly)*

Name: | | | | | | | | | | | | | | | | | | | | | | | | | |

Street Address:_____ City:_____ Province:_____ Postal Code:_____

Phone number: | | | | | | | | | | Email:_____

2. Bank Account Information

Deposit Account Number: | | | | | | | | | | Branch Transit Number: | | | | | |

Financial Institution Number: | | | | Account Type: _____Chequing / _____Savings

Financial Institution: Name:_____

Branch Address:_____

3. Pre-Authorized Debit (PAD) Details

I authorize The boiler Room Climbing Gym to debit the bank account identified above for:

_____$25 _____$35 _____$40 _____$45_____$80 Other Amount_____(Specify)

The debit will be processes to the account on the 15th of each month, or the next business day.

Any PAD returned due to insufficient funds is subject to a $5 charge.

I may revoke my authorization at any time, subject to providing notice of 30 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.cdnpay.ca.

These services are for: _____Personal / _____ Business Use

Signature of account holder:

_____ Name:_____ Date:_____

I have certain resource 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 resource rights, I can contact my financial institution or visit www.cdnpay.ca.

❑ **I waive my right to receive pre-notification of the amount of the PAD and agree that I do not require advance notice of the amount of PAD's before the debit is processed.**

Please fill and return with a void check to:

The Boiler Room Climbing Gym
4 Cataraqui St.
Kingston, ON
K7K 1Z7