



CROSSFITDIEPPE

## Pre-Authorized Debit (PAD) Form

DATE: \_\_\_\_\_

I/we authorize Ultimate Fitness Ultime Inc. (D.B.A. CrossFit Dieppe); hereinafter referred to as “CrossFit Dieppe”, and the financial institution designated (or any other financial institution I/we may authorize at any time) to begin deductions as per my/our agreed on monthly payment described below. I/we also agree with my/our authorization that CrossFit Dieppe can deduct payments from my account for any one-time miscellaneous purchase of other products or services sold at CrossFit Dieppe that I/we choose to purchase.

**PLEASE READ AND INITIAL BELOW**

- 1- This is not a contract and can be cancelled, however, this authority is to remain in effect until CrossFit Dieppe receives written notification (by email at [info@crossfitdieppe.ca](mailto:info@crossfitdieppe.ca)) from me/us of its change or termination. A ten (10) days notification is required for any changes to a membership plan.
- 2- No refunds, a credit in membership for future use could be issued at the discretion of CrossFit Dieppe.
- 3- Declined payments / NSF's – I understand that I will be charged an additional \$20 by upon CrossFit Dieppe re-processing this failed payment.

Initial Here: \_\_\_\_\_

CrossFit Dieppe may not assign this authorization whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement.

\*\*\*\*\* PLEASE PRINT CLEARLY (FILL IN ALL 3 SECTIONS)\*\*\*\*\*

**1- Your Information**

Name(s): \_\_\_\_\_

Email (required): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

**2- Method of Payment** for automated monthly payments

A) Direct debit from bank account (please attach a void cheque)

Name of financial institution: \_\_\_\_\_ Acct type: Checking \_\_\_\_\_ Savings \_\_\_\_\_

Account Number: \_\_\_\_\_ Transit No: (5 digits) \_\_\_\_\_ Institution No: (3 digits) \_\_\_\_\_

B) **Credit Card** (billing information)

Name on card: \_\_\_\_\_ Billing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Mastercard / Visa No: \_\_\_\_\_ Exp: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_

**3- Authorized Payment Amount (select one of the plans)**

(HST Incl, #801949454RT0001)

Unlimited CrossFit [\$100]       CrossFit Punch Pass x 10 [\$90]       Unlimited Student [\$70]

Unlimited BootCamp [\$80]       BootCamp Punch Pass x 12 [\$100]

Also check this box if multiple active same house & family members are at CrossFit Dieppe (\$10 OFF \*\*Ask coach\*\*)

SIGNATURES: I/we acknowledge that I/we have read and understand all of the above noted provisions of this PAD form.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
UFU Inc. DBA Signature