



Academy of Performing Arts

Viva Musica Studio Ltd.

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

I/we authorize Viva Musica Studio Ltd., 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 Viva Musica Studio 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. Viva Musica Studio will obtain my/our authorization for any other one-time or sporadic debits.

This authority is to remain in effect until Viva Musica Studio Ltd. has received written notification from me/us of its change or termination. This notification must be received at least ten (10) business days before the next debit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel a PAD Agreement at my/our financial institution or by visiting www.cdnpay.ca.

Viva Musica Studio 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/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. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

Please attach void cheque here.

Please sign and retain a copy as have read the policies listed above.

Authorized Signature(s): _____ **Date:** _____

Please turn page and fill the back >>>>>

PLEASE PRINT

DATE: _____

Student Name(s): _____

Parent Name(s): _____

Class/Lesson Name & Time: _____

Address: _____

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

Phone Number: (Home) _____ (Cell) _____ (Work) _____

Financial Institution (FI): _____

FI Account Number: _____ FI Transit Number: _____ - _____

(branch – 5 digits; FI – 3 digits)

Address: _____

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

EFT is for Personal Use only

First Payment (includes first month):

(Do NOT use this if first payment is paid by Cash, Cheque or Credit card)

Amount: \$ _____ Current Debit Date: _____, 20____

Ongoing Monthly Payment (Pre-Authorized Debit):

Amount will be debited on the 1st of the months listed below

For the months of _____, 20____ to _____, 20____ at \$ _____ per month:

Total Amount: \$ _____

(Total debit for the duration of the months above)

Authorized Signature(s): _____ **Date:** _____

Please sign and retain a copy as have read the policies listed above.

Viva Musica Studio Ltd.

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Email: info@vivamusicastudio.ca