



JIN JUNG KWAN MARTIAL ARTS ACADEMY OF CALGARY

Canadian Headquarters for the Korea Hapkido Association of Jin Jung Kwan

MEMBERSHIP FEES PAYMENT AUTHORIZATION

Name: _____ For Student(s) or Self: _____

Type of Service: _____ Business _____ Personal

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Cell: _____

Pre-Authorized Debit (PAD) Plan Agreement

I/we authorize Korean Hapkido Dojang Calgary Inc. (DBA Jin Jung Kwan Martial Arts 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, for the amount of _____ on the 1st of each month beginning with the month of _____.

This authority is to remain in effect until Korean Hapkido Dojang has received written notice 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 listed 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.

Korean Hapkido Dojang 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.

Financial Institution: _____ Number: _____

Account Number: _____ Transit Number: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Credit Card Authorization

Name on Card: _____ VISA _____ Mastercard _____

Credit Card Number: _____

Expiry Date: _____ Validation code (3 digits on back): _____

Amount to process: _____ Beginning on the 1st of the month _____

Signature of Account Holder _____

Date _____