



Pre-Authorized Debit (PAD) Agreement

Customer Information (please print clearly)

Name: _____
 Street Address: _____
 City: _____ Province: _____
 Postal Code: _____ Tel #: _____
 MBR # _____ TYPE: _____ Exp: _____

Bank Information

Bank Account Number : _____
 Branch Transit Number: _____
 Financial Institution Number: _____

Financial Institution Name: _____
 Branch Address: _____

Pre-Authorized Debit (PAD) Details

You, the payor, authorize _____ to debit the bank account identified above for \$ _____ on the _____ of every month or the next business day.

The services are for (check one) Personal Business Use

This membership is a 1 year commitment however :

You, the payor, may revoke your authorization at any time in writing or by phone subject providing notice of 30 days. A CANCELLATION FEE OF \$100 per Gym membership will be debited from your account at that time

A return fee of \$10.00 will be applied to any late or NSF payments

Signature of Account Holder: Signature of Joint Account Holder (if applicable)

Name _____ Name _____
 Date _____ Date _____

Return the completed form to:

New Beginnings Health & Fitness
312 Pictou Road, Bible Hill NS
B6L2P8 902-896-1006

AUTHORIZED SIGNATURE

_____ .date. _____.