



Titans Gymnastics and Trampoline Club  
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This is permission for a PAD transaction only. As an authorized signor on the Depository Account presented, by completing and signing this form you give Titans Gymnastics and Trampoline Club permission to charge/debit your account, for the amount indicated on the indicated date (s).

Please complete the information below:

I \_\_\_\_\_ give Titans Gymnastics and Trampoline Club authorization to debit my account indicated below for \$ \_\_\_\_\_ on (date/dates) \_\_\_\_\_. This payment is for (Child/Children's name'(s)) \_\_\_\_\_.

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ Postal Code \_\_\_\_\_  
Email \_\_\_\_\_

Branch Number \_\_\_\_\_  
Transit Number \_\_\_\_\_  
Account Number \_\_\_\_\_

I acknowledge that a Non-Sufficient Fund (NSF) or Stop Payment fee of \$20.00 will be charged by Titans Gymnastics and Trampoline Club to me in the event there are insufficient funds available at the time payment is submitted, or a Stop Payment made by myself, the account holder on the account indicated. In the event that either of these occurs I understand that I have 2 weeks from the date contacted by Titans Gymnastics and Trampoline Club to make payment or my child/children cannot attend any training or related events until my account is back in good standing. I authorize Titans Gymnastics and Trampoline Club to debit the account indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services/account/invoice described above, for the amount indicated above only. I certify that I am an authorized signor on this Depository Account.

Please note that no refunds will be given after 4 weeks of the start of your class.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_