



# Terms of Service

## Payment

All services will be invoiced quarterly and in advance. Invoices are payable within 30 days of receipt; payment may be made by cheque or credit card in full or by way of preauthorized payment plan. Where a payment plan has been put in place, the balance must be paid in full by the end of the quarter.

## Preauthorized Payment Plans

If you have a preauthorized payment plan in place, the next payment will be automatically deducted from your credit card at the end of this month. If you would like to set up a payment plan, please call our office.

## Discount

A 3% discount is applicable to all invoices paid in full by the indicated cut-off date. **The discount is not applicable to credit card or preauthorized payments.**

## Late Payment

The following penalties will be imposed on the customer for failing to pay the service provider in a timely fashion: Accounts over 30 days' past due will be charged 1% per month interest; a \$25.00 fee will be charged to the customer for any cheques returned for any reason.

## Cancellations

Teaching sessions with the student are booked in advance, and require at least 12 hours' advance notice in order to be rescheduled. Sessions cancelled *without* appropriate notice are non-refundable. Sessions cancelled *with* appropriate notice are non-refundable, though they may be rescheduled any time prior to August 31 of each year.



# Payment Options

- **Cheque** payable to Angus Lloyd Associates Inc. Please include invoice number on the memo line.
- At our office, we accept **Visa, Master Card or Debit** (please note we no longer accept American Express).
- **Email Money Transfer** from your bank or financial institution. Send payments to [payment@anguslloyd.com](mailto:payment@anguslloyd.com) include the invoice number and student name in the “Message to Recipient” field. For the password, please use your postal code with no spaces and all capitals.
- **Monthly Preauthorized Credit Card Payment:** Fill out the form below and return to our office.

Student Name
--------------

Card Holder Name	Phone Number
------------------	--------------

Card Holder Billing Address
-----------------------------

City	Province	Postal Code
------	----------	-------------

Account Number	Expiration Date
----------------	-----------------

I authorize Angus Lloyd Associates Inc. to charge my credit card on a monthly basis to pay the quarterly balance due by the end of the term. I understand this form is valid until I cancel the authorization in writing. I agree not to dispute charges (“charge back”) for sessions I have received. I also agree not to dispute charges (“charge back”) for those sessions for which I have not cancelled within the 24 hour notice period **prior to a scheduled session** as per the Angus Lloyd Associates Inc. policy.

Card holder Signature	Date
-----------------------	------