



PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM

Name(s) (**"the Payor"**)

Address

Telephone

ACCOUNT INFORMATION

Financial Institution Name	
Address	
City, Province	
Postal Code	
Account No.	
Branch No.	
Transit No.	

I/We authorize

("the Payee") to process a debit, in paper, electronic or other form in the amount of \$..... on

my/our account on the 1st day of each month beginning

This amount may be increase/decreased at a future date as agreed to in writing by me/us.

The Payee will advise me/us in writing of the revised amount in advance of its (changed amount) effective date.

I/We have attached a specimen cheque marked "VOID" to this authorization.

I/We warrant and guarantee that all persons whose signatures are required to authorize withdrawals for the above account have signed this authorization below.

I/We may cancel this authorization at any time upon providing written notice to **the Payee**.

I/We acknowledge that I/we have read and understood all provisions contained in the terms and conditions of the pre-authorized payment authorization and that I/we have received a copy.

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Signature

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Print Name

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Date

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Signature

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Print Name

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Date

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Signature

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Print Name

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Date