

Preauthorized Payment

Member Name: _____

Transit Number: **00012** Institution Number: **846** Account Number _____

This form is used for new preauthorized payment transactions only. Please take this form to your billing company.

Billing Company Information:

Company name: _____ Phone: _____

Street Address: _____ Fax: _____

City: _____ Province: _____ Postal Code: _____

Please accept this document as my authorization to set up a new pre-authorized payment for the following:

1. Preauthorized Payment: Policy/Account Number: _____

Please indicate with a check mark (✓) Payment Frequency (monthly, semi-monthly,
which of the following apply: Bi-weekly, weekly): _____

Insurance Mortgage Payment Payment Amount: _____

Utility Lease Next Payment Date (dd/mm/yyyy): __/__/____

Membership Loan Payment

Sending this form to my financial institution means I am also advising the Company of the following: I authorize the Company and my financial institution to debit my bank account for the payment as indicated above. I understand my financial institution is not responsible for verifying these payments from my account. I will notify the Company promptly in writing if I close or make other changes to my account. I may cancel this authorization at any time in writing to the Company. However, I am still responsible for my contract obligations to the Company.

Customer Signature(s): _____

Member Service Representative Signature: _____

Date (dd/mm/yyyy) : __/__/____