

PRE-AUTHORIZED DEBIT / PAYMENT FORM

I, _____ authorize a monthly debit from the below stated
Print Full Name (Full name on account)

account for \$199.00 CDN on the _____ day of every month, beginning on the
_____ of _____, 2018, for one year (ending that same date, 2019).
(today's date - e.g. 11th or 25th)

FINANCIAL INSTITUTION NAME: _____

FINANCIAL INSTITUTION ADDRESS: _____

ACCOUNT TYPE (CHECKING OR SAVINGS): _____

ACCOUNT NUMBER: _____

INSTITUTION NUMBER: _____

BRANCH TRANSIT NUMBER (5 DIGITS): _____

By signing this form, you are authorizing the withdrawal of \$199.00 CDN from your bank account.
\$199.99 will be debited from the above specified account on the above specified date every month
for 1 year.

Today's Date (DD/MM/YYYY)

x _____
Signature