

Teen Time of Edmonton

Re: **PRE-AUTHORIZED PAYMENT**

Teen Time of Edmonton offers electronic funds transfer for the collection of monthly donations. This will allow us to automatically withdraw the agreed upon amount directly from your bank account, rather than holding post-dated cheques. Please forward a cheque marked "VOID" with this form and return it to **Teen Time of Edmonton at 17408-108 Avenue, Edmonton, AB T5S 1E8.**

AUTHORIZATION FORM

I/We _____ authorize _____
(The customer) (The organization)

to debit my/our account as indicated by the attached void cheque, in the amount

of \$ _____ on the **1st** or **15th** (*please circle one*) day of each month, for payments payable to the **Teen Time of Edmonton** organization in respect to monthly donations.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Organization as indicated and to debit the amount specified to my/our account.

I/we will notify the Organization promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.

I/we understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled at any time upon written notice by me/us to the Organization. I/we understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to the Organization are ended.

I/we can instruct the Bank to stop a payment before it goes through your account and you can discontinue payments altogether, if desired, by advising the Organization in writing.

As your Pre-Authorized Payment is a fixed amount, the Organization will provide you with a written notice of the date of and the amount to be debited to your account before the first payment every time there is a change in your payment amount or date.

Any delivery of this authorization to the Organization constitutes delivery by me/us to the Bank.

Date: _____, _____.

Customer Signature/s: _____

*ATTACH ONE OF YOUR CHEQUES MARKED "VOID" TO THIS FORM AND RETURN TO THE ADDRESS AS LISTED ABOVE.