

AUTHORIZATION OF DEBIT / PRE-AUTHORIZED PAYMENTS

Please fill out all sections below in order to authorize the beneficiary to withdraw payments directly from your account from your financial institution. Return to the beneficiary the completed form and provide a sample void cheque.

BENEFICIARY

THE CORPORATION OF THE TOWN OF HEARST 925, Alexandra St. Bag 5000 Hearst Ontario P0L 1N0	Folio # 21926
Name and number of the contact person Stéphanie Martel 705-372-2802	

BRANCH OF THE FINANCIAL INSTITUTION

LA CAISSE POPULAIRE DE HEARST LIMITÉE 908, Prince Street P.O. Box 698 Hearst Ontario P0L 1N0
--

PAYOR INFORMATION / ACCOUNT TO BE DEBITED

First Name	Last Name
Business name	
Address	
Town	
Roll #	
E-mail	

I (we), Account Holder (s), authorize (authorize) the above-named beneficiary and financial institution to debit my (our) account at the above-mentioned branch of the Financial Institution under the terms and conditions agreed upon by me (us) with the beneficiary, until written notice to the contrary is given by me (us) to the beneficiary.

The branch of the financial institution to which I (we) maintain the account is not required to verify that payments are drawn in accordance with this authorization.

An electronic debit for the amount of the payments indicated on **my pre-authorized withdrawal plan (12 months)** may be drawn from my (our) account on the first day of each month starting on the _____.

Effects charged in error will be refunded subject to notice given by me (us) to the beneficiary within 90 days, if:

- A. I (we) have never given the authorization to the beneficiary;
- B. The pre-authorized debit was not withdrawn in accordance with this authorization;
- C. My (our) authorization has been revoked;
- D. The debit has been deposited in the wrong account due to an error on the part of the beneficiary concerning the information on the account.

Signature of Account Holder

Date

Signature of Account Holder

Date