## 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.

THE		Folio # 21926
THE	CORPORATION OF THE TOWN OF H	EARST
925, A	lexandra St.	
Bag 50		
Hearst	Ontario P0L 1N0	
Name	and number of the contact person	
	Richard	705-362-4341 (1102)
	ables@hearst.ca	` '
PAY(	OR INFORMATION / ACCOUNT TO BI	E DEBITED
First 1	Name	Last Name
Busin	ess Name	
Civic	Address	
Town		
Roll #		
E-mai	1	
E-mai	1	
I (we) terms a	, Account Holder (s), authorize (authorize) t	he above-named beneficiary to debit my (our) account under the the beneficiary, until written notice to the contrary is given by me
I (we) terms a (us) to The br	, Account Holder (s), authorize (authorize) t and conditions agreed upon by me (us) with the beneficiary.	the beneficiary, until written notice to the contrary is given by me we) maintain the account is not required to verify that
I (we) terms a (us) to The br payme	, Account Holder (s), authorize (authorize) to and conditions agreed upon by me (us) with the beneficiary.  anch of the financial institution to which I (we note that the financial institution to which I (we note the financial institution to which I (we note th	the beneficiary, until written notice to the contrary is given by me we) maintain the account is not required to verify that rization.  s indicated on my pre-authorized withdrawal plan (8 months) m
I (we) terms a (us) to The br payme An ele be drav	Account Holder (s), authorize (authorize) to and conditions agreed upon by me (us) with the beneficiary.  anch of the financial institution to which I (vants are drawn in accordance with this authorization debit for the amount of the payments were from my (our) account on the first day of	the beneficiary, until written notice to the contrary is given by me we) maintain the account is not required to verify that rization.  s indicated on my pre-authorized withdrawal plan (8 months) m
I (we) terms a (us) to The br payme An elected	Account Holder (s), authorize (authorize) to and conditions agreed upon by me (us) with the beneficiary.  anch of the financial institution to which I (vents are drawn in accordance with this authorizationic debit for the amount of the payments with from my (our) account on the first day of a charged in error will be refunded subject to	the beneficiary, until written notice to the contrary is given by me  we) maintain the account is not required to verify that rization.  s indicated on my pre-authorized withdrawal plan (8 months) may be each month starting on the  o notice given by me (us) to the beneficiary within 90 days, if:
I (we) terms a (us) to The broayme An elected draw	Account Holder (s), authorize (authorize) to and conditions agreed upon by me (us) with the beneficiary.  anch of the financial institution to which I (vertically in the amount of the payments are drawn in accordance with this authorization from my (our) account on the first day of a charged in error will be refunded subject to I (we) have never given the authorization	the beneficiary, until written notice to the contrary is given by me  we) maintain the account is not required to verify that rization.  s indicated on my pre-authorized withdrawal plan (8 months) m  f each month starting on the  notice given by me (us) to the beneficiary within 90 days, if:  to the beneficiary;
I (we) terms a (us) to The br. payme An elected draw Effects A. B.	Account Holder (s), authorize (authorize) to and conditions agreed upon by me (us) with the beneficiary.  anch of the financial institution to which I (vents are drawn in accordance with this authorizationic debit for the amount of the payments with from my (our) account on the first day of a charged in error will be refunded subject to	the beneficiary, until written notice to the contrary is given by me  we) maintain the account is not required to verify that rization.  sindicated on my pre-authorized withdrawal plan (8 months) m f each month starting on the  notice given by me (us) to the beneficiary within 90 days, if:  to the beneficiary; we in accordance with this authorization;
I (we) terms a (us) to The br payme An elected Beffects C.	Account Holder (s), authorize (authorize) to and conditions agreed upon by me (us) with the beneficiary.  anch of the financial institution to which I (was are drawn in accordance with this authorization from my (our) account on the first day of a charged in error will be refunded subject to I (we) have never given the authorization The pre-authorized debit was not withdray My (our) authorization has been revoked;	the beneficiary, until written notice to the contrary is given by me  we) maintain the account is not required to verify that rization.  sindicated on my pre-authorized withdrawal plan (8 months) may feach month starting on the  notice given by me (us) to the beneficiary within 90 days, if:  to the beneficiary; we in accordance with this authorization;
I (we) terms a (us) to The br payme An ele be drav	Account Holder (s), authorize (authorize) to and conditions agreed upon by me (us) with the beneficiary.  anch of the financial institution to which I (was are drawn in accordance with this authorization debit for the amount of the payments with from my (our) account on the first day of the charged in error will be refunded subject to I (we) have never given the authorization. The pre-authorized debit was not withdrawn My (our) authorization has been revoked; The debit has been deposited in the wrong	the beneficiary, until written notice to the contrary is given by me  we) maintain the account is not required to verify that rization.  s indicated on my pre-authorized withdrawal plan (8 months) m f each month starting on the  notice given by me (us) to the beneficiary within 90 days, if:  to the beneficiary; we in accordance with this authorization;

Date

Signature of Account Holder