PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM

SELECT ONE OF THE FOLLOWING AND COMPLETE DETAILS AS REQUIRED:

From Bank Account

(Please provide an unsigned VOID cheque)

Bank Number

_ _ _ _

Transit Number

_ _ _ _ _

Account Number

_ _ _ _ _ _ _ _ _ _ _ _

From Credit Card

Cardholder Name: _____

☐ VISA ☐ Mastercard

_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Expiry date _ _/_ _ (mm/yy)

I agree that a Pre-authorized Debit in the amount of my monthly invoice may be drawn from my account monthly on the 26th (due date). I will promptly inform Mornington Communications, in writing, of any changes in the account information for the pre-authorized debit. Either myself or Mornington Communications may revoke this authorization by delivering a **WRITTEN NOTICE** to the other party at any time. I also warrant that all person(s) whose signatures are required to sign on the account have signed this authorization.

_____

Signature

_____

2nd Signature (if required on Chequing Account)