



PRE-AUTHORIZED PAYMENTS AUTHORIZATION FORM

How recurring payments work:

- By signing the agreement below, you authorize regularly scheduled payments by the method, reason, and amount indicated below. You will be charged the amount indicated below on the first business day of the month.
- Non-sufficient funds may result in a service charge of \$25 in addition to any late fees incurred and may result in the suspension and/or cancellation of services.

Name: _____ Phone Number: _____

Participant Name: _____

Reason For Payment

- Program Fees - Monthly Amount \$ _____
- Continuation of Benefits (while on leave) - Monthly Amount \$ _____
- Other (specify) - Monthly Amount \$ _____

Payment Method

- Direct Debit Credit Card

Complete details below for payment method selected:

Account Details for Direct Debit:

Please attach a void cheque (see below for sample)

Bank Institution Name: _____

Branch Number (5 digits): _____

Institution Number (3 digits): _____

Account Number: _____

Account Details for Credit Card Payment:

Card Number (16 digits): _____ CCV (3 digits): _____

Expiry Date: _____

Cardholder's Name: _____

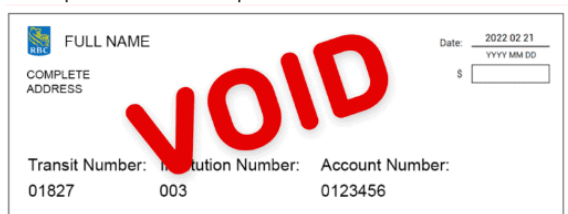
Billing Address: _____

City: _____ Province: _____ Postal Code: _____

Signature: _____ Date: _____

By signing the above, I authorize AdaptAbilities to take payment for the amount indicated. I understand that this authorization will remain in effect until I cancel in writing. I agree to notify AdaptAbilities in writing of any changes or updates to my account information, or termination of this authorization at least 30 days prior to the next billing date.

Sample void cheque:



Transit # Inst. # Account #