



PRE-AUTHORIZED PAYMENT SERVICE FORM

281 University Ave 10 Kinlock Road 7201 Main Street 524 Main Street
 Charlottetown, PE Stratford, PE North Rustico, PE Montague, PE
 902-892-4107 902-569-6900 902-963-2543 902-838-3636

Part 1: To Be Completed By Payee	
1 Company (Payor) Name and Address	Reference No.
	2
	<input type="checkbox"/> New
	<input type="checkbox"/> Advice of change
3 Payee-Surname	
4 Payee-Mailing Address	
	5 Telephone(work)
	Postal Code
	6 Telephone (Home)

Part 2: To Be Completed By Financial Institution For New Enrollment Or Change Of Account Information			
7 Financial Institution Name and Address (STAMP MAY BE USED)	Pre-Authorized Payment Information		
	8 Transit Number	9 Inst No.	10 Account No.
	39073	839	
	11 Account Name		12 Amount
13 Signature of Financial Institution Official		Date	

Name of Customer

Name of Customer (If more than one)

Address of Customer

Address of customer

Postal Code ()
Telephone Number

Postal Code ()
Telephone Number

*Signature

*Signature

*This authorization must be signed in accordance with the signing authority required to operate the bank account.