



# Teen Time of Edmonton

## Re: PRE-AUTHORIZED PAYMENT

**Teen Time of Edmonton** offers electronic funds transfer for the collection of monthly donations. this will allow us to automatically withdraw the agreed upon amount directly from your bank account, rather than holding post-dated cheques. Please forward a cheque marked "VOID" with this form and return it to **Teen Time of Edmonton at 12235-50 St. NW, Edmonton, AB T5W 3C7**

### Authorization Form

I/We \_\_\_\_\_ authorize \_\_\_\_\_  
(The Customer) (The Organization)

to debit my/our account as indicated by the attached void cheque, in the amount

of \$ \_\_\_\_\_ on the **1<sup>st</sup> or 15<sup>th</sup>** (*please circle one*) day of each month, for payments payable to the **Teen Time of Edmonton** organization in respect to monthly donations.

Each payment shall be the same as if I/we had personally issued a cheque authorizing the Bank to pay the Organization as indicated to debit the amount specified to my/our account.

I/we will notify the Organization promptly in writing if I/we move the account from one bank or branch to another, or if there is any other change in the account.

I/we understand that the Bank is not responsible to verify whether these payments are properly debited to my/our account.

This authorization may be cancelled at any time upon written notice by me/us to the Organization. I/we understand that if I/we cancel this authorization, it does not mean that my/our contract obligations to the Organization are ended.

I/we can instruct the Bank to stop a payment before it goes through your account and you can discontinue payments altogether, if desired, by advising the Organization in writing.

As your Pre-Authorized Payment is a fixed amount, the Organization will provide you with a written notice of the date of the amount to be debited to your account before the first payment every time there is a change in your payment amount or date.

Any delivery of this authorization to the Organization constitutes delivery by me/us to the Bank.

Date: \_\_\_\_\_, \_\_\_\_\_.

Customer Signature/s: \_\_\_\_\_

**\*ATTACH ONE OF YOUR CHEQUES MARKED "VOID" TO THIS FORM AND RETURN TO THE ADDRESS AS LISTED ABOVE.**