

# AUTHORIZATION FOR CONSUMER PRE-AUTHORIZED DEBIT PLAN

Authorization of the Payor to the Payee to Direct Debit an Account

## Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

## PAYOR INFORMATION *(Please type or print clearly)*

Payor name(s):	
Address:	
Telephone:	
Signature of Payor:	Date:

## PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION *(Please type or print clearly)*

Branch Number 	Institution # 	Account Number 
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

## PAYEE INFORMATION

The Institute of Chartered Accountants of Newfoundland and Labrador Suite 501, 95 Bonaventure Ave St. John's, NL A1B 2X5 Telephone: (709) 753-7566	Fax: (709) 753-3609
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# AUTHORIZATION FOR BUSINESS PRE-AUTHORIZED DEBIT PLAN\*

Authorization of the Payor to the Payee to Direct Debit an Account

## Instructions:

1. Please complete all sections in order to instruct your financial institution to make payments directly from your account.
2. Please sign the Terms and Conditions on the reverse of this document.
3. Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.
4. If you have any questions, please write or call the Payee.

## PAYOR INFORMATION *(Please type or print clearly)*

Payor Name:	
Address:	
Telephone:	
Name(s) of Authorized Signing Officer(s):	
Signature(s) of Authorized Signing Officer(s):	Date:

## PAYOR FINANCIAL INSTITUTION/BANKING INFORMATION *(Please type or print clearly)*

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province	Postal Code	

## PAYEE INFORMATION

The Institute of Chartered Accountants of Newfoundland and Labrador Suite 501, 95 Bonaventure Ave. St. John's, NL A1B 2X5 Telephone: (709) 753-7566                      Fax: (709) 753-3609
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\* ***This form is for PADs that relate to commercial activities of a Payor who is a corporation, organization, trade, association, government entity, profession, venture or enterprise.***