

MIRIAM CENTRE

PRE-AUTHORIZED DEBIT AGREEMENT

Account holder name and account number

Last and first name of account holder		Telephone No.
Address (street, city, province)		Postal code
The name of the financial institution where the account is held	IMPORTANT: Attach a personal cheque marked "VOID"	

Payee – Contact information

Miriam Centre	info@miriamottawa.org	
030-2742 St. Joseph Blvd, Orléans ON	K1C 1G5	613-830-8623

Withdrawal authorization

I, the undersigned, authorize the Payee to make pre-authorized debits from my account with the aforementioned financial institution:

monthly

Each withdrawal will correspond to:

\$ _____.

Change or cancellation:
I shall inform the Payee, in a timely manner, of any changes to this Agreement.

Signature of account holder	
_____	_____
Signature	Date (dd/mm/yyyy)

IMPORTANT: Attach a personal cheque marked "VOID" to avoid errors in transcription.