

# MIRIAM CENTRE

# PRE-AUTHORIZED DEBIT AGREEMENT

## Account holder name and account number

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

## Payee – Contact information

<b>Miriam Centre</b>	<b>centremiriamcentre@gmail.com</b>	
<b>1803 St. Joseph Blvd. unit 107, Orléans ON</b>	<b>K1C 6E7</b>	<b>613-830-8623</b>

## Autorisation de retrait

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**

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

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