



Authorization Agreement for Automated Billing and Direct Deposit

**INCOMPLETE FORMS WILL NOT BE PROCESSED AND WILL CAUSE A DELAY IN YOUR FUNDING CHANGES.
USE A SEPARATE FORM FOR EACH LOCATION.**

I want to change – Check only 1 option	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> Visa and MasterCard
This will be effective for – Check only 1 option	<input type="checkbox"/> Credits (Deposits)	<input type="checkbox"/> Debits (All Fees)	<input checked="" type="checkbox"/> Credits & Debits

Visa Merchant # 11-digits		MasterCard Merchant # 11 digits	
Legal Business Name			
Business Name (DBA Name) Doing Business As			
Physical Street Address			
City		Province	
		Postal Code	
Office Phone		Mobile Phone	
Email Address			

I (we) hereby authorize First Data Canada Ltd. to initiate credit, debit and any adjustments in my (our) chequing account indicated below and the Financial Institution to debit and/or credit the same to such account.

Financial Institution		Branch	
City		Province	
		Postal Code	

This authority is to remain in full force and effect until First Data Canada Ltd. has received written notification from me (or either of us) of its termination in such time and such manner as to afford First Data Canada Ltd. and Financial Institution a reasonable opportunity to act on it.

Print Name		Signature		Date	
Print Name		Signature		Date	

\$10 Administration Fee will be applied to your account for processing this **Account Change Request**. _____

**ATTACH VOIDED CHEQUE HERE
OR
ATTACH A BANK LETTER**