

PRE-AUTHORIZED PAYMENT AUTHORIZATION RELEASE FORM

Customer Name		Phone
Mailing Address	City	Province

These services are for: Business or Personal

PRE-AUTHORIZED PAYMENT

Please attached a **VOID** Cheque or complete the Pre-Authorized Payment Section.

Bank Name: _____

Branch _____ (5-digits) Bank Number _____ (4-digits)

Account Number _____

I/we authorize Adamson & Associates Inc. and the designated financial institution to withdraw from the specified account the amount of

\$ _____ for _____ payments on the

15th or last day of the month, Weekly Bi-Weekly Twice/Month

starting _____ .

Should the authorized payment fall on a weekend or a bank holiday, the payment will be taken from my/our account on the next business day.

The authority is to remain in effect until Adamson & Associates Inc. has taken the last authorized payment or I/we have provided Adamson & Associates Inc. with written notification to cancel the agreement. **Any request for cancellation or change in payment must be received in writing by Adamson & Associates Inc. at least 10 days before the next authorized payment.** A cancellation form may be requested. I/we have certain recourse rights if any withdrawal does not comply with this agreement.

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Signature _____ Date _____

For enquiries regarding the pre-authorized payments please contact Kelly Walker or Angel Kaplanis at 519-633-8185.

Adamson & Associates Inc.

142 Centre Street, St. Thomas, ON N5R 3A3

London North (519) 451-2122 London South (519) 681-8288 St. Thomas (519) 633-8185

Waterloo (519) 744-6696 Chatham (519) 351-3303 Windsor (519) 971-8519 Fax: (519) 633-0912 Email: mail@adamsonassoc.com