



CUSTOMER NAME _____

COMPANY NAME _____

COMPANY PHONE NUMBER _____

CREDIT UNION/BANK _____

BANK ADDRESS _____

ROUTE & TRANSIT _____

ACCOUNT NUMBER _____

AMOUNT OF PAYMENT \$ _____

****PLEASE ATTACH A VOIDED CHEQUE FOR VERIFICATION OF ACCOUNT****

I hereby authorize you to debit my account with the pre-authorized payment for Credit to:

CUSTOMER ACCOUNT # _____

MONTHLY PAYMENT: (circle one) 1st OR 15th of the month

Email Address: _____

(note all invoices will be emailed unless alternate arrangements are made)

ALL DEBITS PAYABLE TO "24 HR ASSISTANT" DRAWN ON YOU BY YOUR CREDIT UNION OR BANK ON YOUR BEHALF SHALL BE TREATED THE SAME AS IF YOU HAD PERSONALLY ISSUED A CHEQUE.

THIS DEBIT MAY BE CANCELLED AT ANYTIME UPON WRITTEN NOTICE.

Customer Name (please print)

DATE

Customer Signature

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Fax form to: 306-653-4774 - ATTENTION: Katherine Regnier