



## SEABIRD ISLAND BAND AUTHORIZATION FOR PRE-AUTHORIZED DEBIT

Authorization of the Payor to the Payee to Direct Debit an Account

### Instructions:

Please complete all sections in order to instruct your financial institution to make payments directly from your account

Please sign the Terms and Conditions on the reverse of this document.

Return the completed form with a blank cheque marked "VOID" to the Payee at the address noted below.

If you have any questions, please write or call the Payee.

### PAYOR INFORMATION *(Please type or print clearly)*

Payor Name(s):	
Address:	
Telephone:	
Signature of Payor(s):	Date:

### PAYOR FINANCIAL INSTITUTION / BANKING INFORMATION *(Please type or print clearly)*

Branch Number	Institution #	Account Number
Name of Financial Institution		
Branch		
Branch Address		
City/Province		Postal Code:
Amount:	Frequency:	Starting Date:

### PAYEE INFORMATION *(Please type or print clearly)*

Payee Name(s):
Address:
Telephone: