

Confirmation of Account Information

This form serves the same purpose as a "VOID" cheque.



To: _____
Company/Vendor Account/Policy Number

Please accept this as confirmation of Account Information regarding my: Pre-Authorized Credit Pre-Authorized Debit

Business Name: (if applicable) _____

Name/Account Signer Name: _____
First Name Middle Initial Last Name

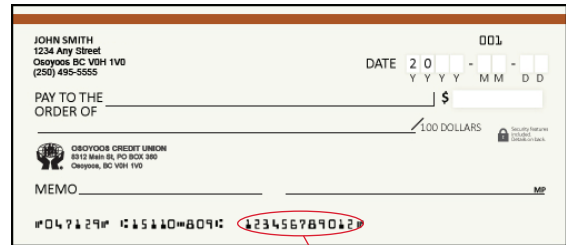
First Name Middle Initial Last Name

Address: _____

City Province Postal Code

Account #: 15110 809
Branch No. Institution No.

Account No. (12 digits)



Account Number

Signature/Authorized Account Signer: _____ Date: _____

Signature/Authorized Account Signer: _____ Date: _____