

AUTHORIZATION FOR PRE-AUTHORIZED DEBITS

1. The Payor hereby certifies the accuracy of the following information:

Name: **PAYOR (the "Payor")**
Address:
Town:
State/Province:
Zip/Postal Code:
Telephone Number:
Account: _____ (the "**Account**")
Name of Payor's
Financial Institution: _____ (the "**Processing Institution**")

2. Attached to this Authorization is a specimen cheque of the Payor marked 'VOID'.

3. The Payor will notify the Payee, in writing, of any change in the information provided in Sections 1 and 2 of this Authorization ____ (__) days prior to the effective date of any such change.