

PREAUTHORIZED DEBIT AUTHORIZATION FORM

Payee:
The Life Centre
32027 Peardonville Road
Abbotsford, BC
Canada V2T 1M2

Telephone: 778-856-4249

Financial Institution Branch	
Name of Financial Institution:	Address:
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Payor		
Name of Account Holders:	Address/Phone Number:	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Transit	Route	Account Number

Please attach a blank cheque for your account marked "VOID".

Transaction Information			
Transaction Amount	\$ <input type="text"/>	Start Date	<input type="text"/>
General Offerings	\$ <input type="text"/>		
Frequency: choose one	Monthly:	Semi-Monthly:	
<input type="text"/>	15 th * <input type="text"/>	30 th * <input type="text"/>	(15 th and 30 th) <input type="text"/>

*If the 15th or 30th falls on a weekend, the transaction will occur on the Friday previous.

I/We authorize The Life Centre to debit our account indicated above for the amount(s) specified in the transaction information section.	
Signature:	Date:
<input type="text"/>	<input type="text"/>
Signature:	Date:
<input type="text"/>	<input type="text"/>

(For Office Use Only)

Transaction Type:	<input type="text"/>			
<input type="text"/>				
First Due Date:	<input type="text"/>	<input type="text"/>	<input type="text"/>	

TERMS AND CONDITIONS:

Valid Signing Authority:

I (we) warrant that all persons whose signatures are required to sign on this account have signed this agreement

Cancellation of Agreement:

I (we) acknowledge that, in order to completely revoke this authorization, I (we) must provide and deliver written notice of revocation to The Life Centre. I (we) may cancel this authorization at any time.

Acceptance of Delivery of Authorization:

I (we) acknowledge that provision and delivery of this authorization to The Life Centre constitutes delivery by me (us) to the aforementioned financial institution. Any delivery of this authorization to you constitutes delivery by me (us).

Validation by Financial Institution:

I (we) acknowledge that the aforementioned financial institution is not required to verify that the debit has been issued in accordance with particulars of the authorization including the amount and frequency of payments.

I (we) acknowledge that the aforementioned financial institution is not required to verify that any purpose of payment for which the debit was issued has been fulfilled by The Life Centre as a condition to honoring a preauthorized debit issued by The Life Centre on my (our) account.

Change of Account Information:

I (we) undertake to inform The Life Centre, in writing, of any change in the account information provided in this authorization prior to the next due date of the debit.