

Natural Cycle Courier Worker Co-operative

AUTOMATIC PAYMENT AUTHORIZATION FORM

(PLEASE PRINT)

Client / Organization Name: _____

Name of Bank: _____

Bank #: _____ Transit #: _____ Account #: _____

Frequency: Per Invoice Starting Date: _____

I, _____, authorize the automatic payment from the above account starting _____ until further notice.

** For verification purposes, please attach one of your cheques marked VOID.

Payments will appear on your bank statement as "Natural Cycle Federation".

This authorization may be cancelled or amended at any time upon written notice.

DATE: _____ SIGNATURE: _____

Please mail completed form and void cheque to **2D-91 Albert Street, Winnipeg, MB R3B 1G5** OR
Request to have a courier pick up the completed form and void cheque with your next delivery

FOR BUSINESS USE ONLY	
Business Name:	
Account #:	
Transit #:	
Processed By:	