

Pre-Authorized Debit Agreement - **GOLD RUSH**

1. Customer Information (Please print clearly)



Boys & Girls Club
of Charlotte County

Name: _____

Street Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone Number: _____

2. Bank Account Information

Deposit Account Number: _____

Branch Transit Number: _____

Financial Institution Number: _____

Chequing Account

Savings Account

Please circle

Financial Institution: _____

Branch Address: _____

3. Pre Authorized Debit Details

You, the payer, authorize Boys and Girls Club of Charlotte County to debit on the 1st of each month (or the day after); the bank account identified above for \$2 per number per Thursday in that current month

You may revoke your authorization at any time subject to providing 30 days written notice.

GOLD RUSH #'s being played _____

Signature of Account Holder: _____

Signature of Joint Account Holder: _____

Name: _____

Please Print

Name _____

Please Print

Date: _____

Date: _____

54 Disher Lane
Dufferin, NB E3L 3H6