PRE-AUTHORIZED DEBIT

NAME OF DEFENDANT:-_____

TICKET #:-_____

ADDRESS:-_____

PHONE #:-_____

EMAIL ADDRESS:-_____

BANK#:_____ **Transit #:**_____**Bank Account #:**_____

PAYMENT DATE: **1st** **20th**
(circle one or both dates)

DATE OF 1ST PAYMENT:-_____

PAYMENT AMOUNT:-_____

I understand and agree that any breach in the payment schedule set forth above shall constitute a default and furthermore, without notice, may result in the immediate suspension of my driver's licence.

If more than one signature is required, all persons must sign this form.

_____	_____	_____
PRINT NAME	***SIGNATURE***	***DATE***
_____	_____	_____
PRINT NAME	***SIGNATURE***	***DATE***

(PLEASE ATTACH A VOID COPY OF YOUR NEW CHEQUE HERE, OR ATTACHED PAD FORM FROM FINANCIAL INSTITUTION.)

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