



PRE-AUTHORIZED DEBIT

NAME OF DEFENDANT:- _____

TICKET #:- _____

ADDRESS:- _____

PHONE #- _____

EMAIL ADDRESS:- _____

(YOU MUST ATTACH A VOID COPY OF YOUR CHEQUE, OR A PAD FORM FROM YOUR FINANCIAL INSTITUTION.)

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*

Personal information on this form, as defined in the Municipal Freedom of Information and Protection of Privacy Act (MFIPPA), is collected and authorized under Section 10(1) of the *Municipal Act, 2001*, and will be used to set up pre-authorized debit payments for the purpose of fine repayment. Questions about this collection can be directed to 519-751-9100 Ext. 5016, Manager of Court Administration.