

Authorization of the Payor To the Payee to Direct Debit an Account

Payor Information (Please print clearly)

Parent Name:
Child's Name:
Telephone:

Payee Information

Payee Name	Pickering Athletic Centre Inc.
Address	1503 Sandy Beach Beach Rd. Pickering, Ontario L1W 1Z5
Telephone	905-839-5260

Parent Financial Institution/Banking Information

Branch #	Institution #	Account Number
Name of financial Institution:		
Branch:		
Branch Address:		

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Payment Information

Fixed Amount (Please Specify): _____

From _____ 1, 201____ to _____ 1, 201____ on
the first day of each month

Signature: _____ Date: _____

Date	Notes	Initials