



Credit Risk Management

Pre-Authorized Payment Form

CASE NUMBER:

Name:

Address:

Phone:

I (We) authorize **Credit Risk Management Canada Ltd.** to process a debit, in paper, electronic, or other form in the amount of:

Amount: \$ _____

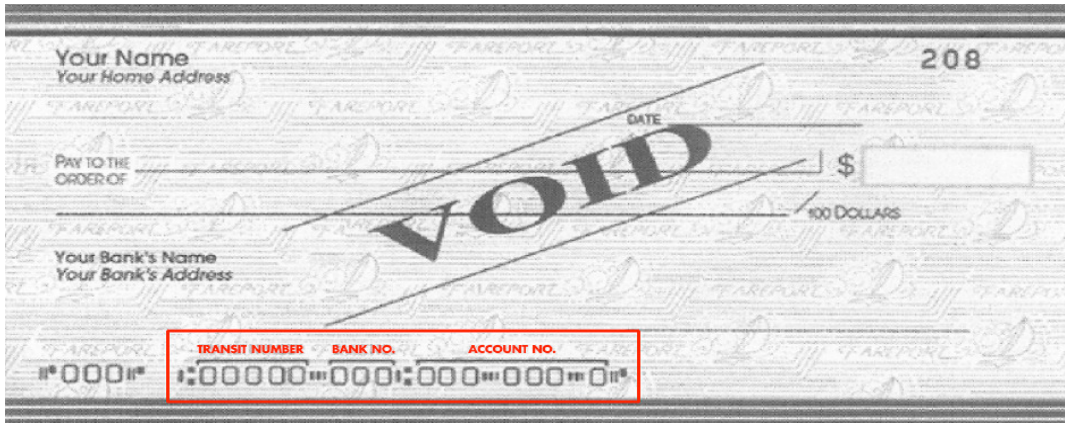
On the ___ day of every month: _____

Beginning Date: _____

Ending Date: When the account is paid in full

(Check appropriate box)

Specify ending date: _____



Please fill out the following information from your cheque:

Institution (Bank) Number: _____ (3 digits)

Transit Number: _____ (5 digits)

Account Number: _____ (up to 12 digits)

I (We) acknowledge that I (we) must notify **Credit Risk Management Canada Ltd.** a minimum of four (4) business days prior to the payment date scheduled above of any changes in account information and/or to stop the pre-authorized payment transaction. I (we) acknowledge that any changes occurred in failure to advise Credit Risk Management Canada Ltd. of the above is my (our) responsibility.

I (we) acknowledge that I (we) have read and understood all the provisions contained in the terms and conditions of the pre-authorized payment authorization and that I (we) have received a copy.

Signature: _____ Date: _____

By checking this box and clicking "Submit", I acknowledge that I am offering a digital signature and that I assume any liability to the above-mentioned account and document and that all information herein is correct and complete.