

## Pre Authorized Payment (ACH) Authorization Form

Type of Request:                       New Application                       Change of Information

### Section 1: Customer Information

Legal Name		
Address – Street & Unit No.		
City/Town/Village	Province	Postal Code
Contact Person		
Phone Number (including area code & extension)		
Email Address for remittance advice		

### Section 2: Banking Information (Please attach a void cheque or bank authorization form as well as completing this section)

Bank Transit (5 digits)	Institution # (3 digits)	Account Number																												
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Name of Financial Institution																														
Bank Address – Street & Unit No.																														
City/Town/Village	Province	Postal Code																												
Branch																														
Bank Phone Number (including area code & extension)																														

### Section 3: Authorization

*I certify that the information above is true and correct and that I hereby authorize the Corporation of the County of Hastings to electronically withdraw payments from my designated bank account above.*

Last Name	First Name	Phone Number	Signature	Date
Child(s) name				

Please return with the Before and After School Program Registration package or Email completed SIGNED form to [beforeandafterprograms@hastingscounty.com](mailto:beforeandafterprograms@hastingscounty.com)