



## Credit Card and Bank Pre-Authorized Payment Form

(For any changes to your payment information please speak to our staff during regular business hours)

Account # \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

### Option 1: Direct Bank Withdrawal\*

Please debit the following account on my invoice date:

Attach Blank Void Cheque or Bank Form Here
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*\*Please Note: It can take up to 4 business days for the payment to clear your bank account.*

### Option 2: Credit Card Withdrawal

Visa  MasterCard Name of Cardholder: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

### Signature Required

I \_\_\_\_\_ authorize Secure by Design to automatically debit either my bank account or credit card (depending on option chosen above) for payments on my account.

Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_