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Credit Card and Bank Pre-Authorized Payment Form

(For any changes to your payment information send an updated form)

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

**Please Note: It can take up to 4 business days for the payment to clear your bank account.*

☐ Option 2: Credit Card

☐ 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: _____