

Use this form to advise your payment company to either change existing pre-authorized transactions, or set-up new pre-authorized transactions (i.e., withdrawals or deposits) from or to your Scotiabank account.

To:

(INSERT NAME OF BILL ISSUING COMPANY, CABLE SUPPLIER, INSURANCE, ETC.)

Customer Information

CUSTOMER NAME(S) Afghan Women's Organization		TELEPHONE NO.
ADDRESS 150 Consumers Rd Suite 203		
CITY Toronto	PROVINCE Ontario	POSTAL CODE M2J 1P9

Pre-authorized Transaction Information

COMPANY NAME	ACCOUNT / POLICY NO.
PAYMENT AMOUNT \$	PAYMENT DATE

Bank Account Information

INSTITUTION	NUMBER	ACCOUNT NUMBER
THE BANK OF NOVA SCOTIA	002	<input style="width: 90%; height: 20px;" type="text" value="812320107611"/> <small>Transit</small>
BRANCH ADDRESS 885 Lawrence Ave E, Toronto, Ont M3C1P7		

I authorize the Company and Scotiabank to debit or credit (as applicable) my bank account for payment as indicated above. I understand that Scotiabank is not responsible for verifying these payments from or to my account. I will notify the Company promptly in writing if I close or make other changes to my account. I may cancel this authorization at any time in writing to the Company. However, I am still responsible for my contract obligations to the Company.

Authorized by: _____ / _____
SIGNATURE(S) September 3, 2021
DATE

Note: Forward this completed form to the Company and keep a copy for your records. If you are unsure whether or not the Company will act on these instructions, please contact them to confirm.