



Pre-Authorized Payment Form

Last Name: _____ First Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Phone Number: _____

E-mail Address: _____

I authorize TLC The Life Centre to debit my credit card or bank account as indicated below with the amount of \$ _____ monthly starting on (MM/DD/YY) _____ and on the _____ day of each month going forward and ending on MM/DDYY _____

Credit Card

I authorize TLC The Life Centre to debit my credit card with the amount of \$ _____ on the _____ day of each month.

VISA MasterCard AMEX Card Holder's name: _____

Credit Card No: _____ Expiry Date: _____

Card Holder's Signature: _____ Date Signed: _____

Pre-authorized Debit (PAD) Agreement

I authorize TLC The Life Centre debit my bank account (attach void cheque if you have one) for the amount of \$ _____ on the _____ day of each month going forward and ending on MM/DDYY _____

Financial Institution Number: _____ Branch Transit Number: _____

Account Number: _____ Account Holder's Name: _____

Account Holder's Signature: _____ Date Signed: _____

1. I may revoke my authorization at any time in writing or by phone, subject to providing notice of at least ten (10) business days.
2. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement.
3. Mail or E-mail Completed Form to: TLC The Life Centre 615 Davis Drive Suite 202, Newmarket, Ontario, L3Y 2R2 or E-mail to jackie@tlcthelifecentre.ca 905 836-5433 www.tlcthelifecentre.ca