



Mailing Address: 784 Parkhill Rd.W. Peterborough, ON K9J 6N9

## MONTHLY AUTO-WITHDRAWAL AUTHORIZATION FORM

Date: \_\_\_\_\_

### Personal Information:

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

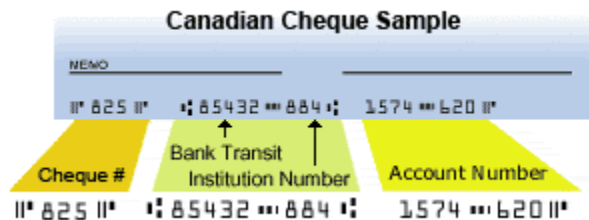
Mailing Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**AMOUNTS \$:** \_\_\_\_\_

Please attach a void cheque or provide the banking information:



Bank Transit Number (5 Digits): \_\_\_\_\_

Institution Number (3 Digits): \_\_\_\_\_

Account Number (1-12 Digits): \_\_\_\_\_

I hereby give permission for KMRA to withdraw the monthly amount from my bank account.

Signature: \_\_\_\_\_