PRE-AUTHORIZED PAYMENT AUTHORIZATION FORM

Name		Veridian Account #	

Service Address						
Unit #	City/Town		Prov.		Postal Code	

Telephone	Home			Business		
	Area Code			Area Code		

Select A Pre-Authorized Payment Plan

Equalized (choose one date)	***Variable*** (drawn on due date)
Draw date: 15th ☐ or 28th ☐	Full amount is drawn on statement due date

Name of Financial Institution

OFFICE USE ONLY	$
Equal payment amount:	
Start date:	Mth / Day
Initials:	
Date: M D Y	

Mail or fax completed Pre-Authorized Payment Form along with a VOID cheque to:

Veridian Connections
55 Taunton Road East, Ajax, ON L1T 3V3
Fax: 905-837-7861

I/we authorize VERIDIAN and the financial institution designated above to begin monthly deductions for payment of my/our Veridian account. This authorization is to remain in effect until Veridian has received written notification from me/us of its termination in time to allow reasonable opportunity for Veridian to act upon this request. Upon such termination any balance due must be paid to Veridian. This authorization may be terminated at any time by Veridian.

Date _____ _____ _____
Month Day Year Signature Signature *(if joint acct)*