



Auto Debit Enrollment/Change Form

Please complete the following fields, any field with an asterisk is mandatory.

Are you authorizing a new direct debit, or changing an existing one?

I am authorizing a new direct debit I am updating an existing direct debit

What date would you like your payments auto debited? 1st 15th

Would you like paper billing, or emailed bills? Paper Billing (fee applies) Emailed Bills

Name			
Street Address			
City		Postal Code	
Phone Number			
Email Address			

Auto Debit from Bank Account

Name(s) on Account			
Name of Bank			
Branch Address			
Institution Number		Transit Number	
Account Number			

Auto Debit from Credit Card

Card Holder Name			
Card Type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> American Express
Card Number			
Expiry Date (MM/YY)		Validation Code (CVV)	
Postal Code on Acct.			

I authorize Northern Rural Net to auto-debit funds from the account listed above. I understand that if payments are returned (insufficient funds, account closures etc.) a fee will apply. I am responsible for updating Northern Rural Net when my card expires.

Signature

Date (DD/MM/YYYY)

Please return this form to...

Northern Rural Net, Billing Department
P.O. Box 160
Bancroft ON, K0L 1C0

You can also email this form to sales@northernrural.net

Office Use Only	
Received	
Sent to Billing	
Processed	