



CAFT Pre-authorized Debit Form

Transfer from:

Phone: _____

Name(s) of account holders:

Email: _____

AAN: _____

Financial Institution:

Route:	Transit:	Account Number:

Transfer Information:

Frequency:	Start Date:	Amount:
<input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually		
	End Date:	
Purpose		

I/We hereby authorize la **Municipalité de Clare** to process a regular automatic transfer of funds as detailed above.

If two or more signatures are required for the account, then both or all signatures are required on this form.

Signature of Payor Account Holder

Date

Signature of Payor Account Holder

Date