



WE COMMUNICATE HOSPITALITY

Canopco One-Time Payment or Pre-Authorized Payment Form

Canopco Account number _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/

Business Name _____

One Time Payment Amount (\$) _____

If you have more than one Canopco account, please provide account number and onetime payment amount for each of them.

Canopco Account Number _/ _/ _/ _/ _/ _/ _/ _/ _/ _/

Payment Amount (\$) _____

Canopco Account Number _/ _/ _/ _/ _/ _/ _/ _/ _/ _/

Payment Amount (\$) _____

AUTHORIZE: CANOPCO, 48 Yonge Street, Suite 1200, Toronto, ON M5E 1G6

PLEASE SELECT ONE OF THE FOLLOWING PAYMENT OPTIONS

Automated Bank Account Withdrawals Recurring Credit Card Payments

BANK ACCOUNT INFORMATION: Bank Name _____

Branch Address _____

Branch # (5 digits): _/ _/ _/ _/ _/ Institution ID (3 digits): _/ _/ _/

Please enclose an unsigned cheque marked VOID (for verification purposes)

CREDIT CARD INFORMATION: VISA MASTER CARD AMERICAN EXPRESS

NAME ON THE CARD: _____

_/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/ _/

EXPIRY DATE _/ _/ _/ _/

I/ We have read and understood the terms of this authorization and acknowledge receipt of a copy thereof

_____	_____	_____
Print Name	Signature	Date

_____	_____	_____
Print Name	Signature	Date

*For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account

CANOPCO Billing Department: Fax 1-866-748-2876 or Email billing@canopco.ca or Call 1-866-656-5060

Terms and Conditions I/We will notify the Company in writing of any changes in the account information or termination of this authorization at least thirty (30) days prior to the next payment date. I/We understand that termination of this authorization does not affect my/our obligation to pay for goods or services contracted for/with the Company. My/Our financial institution will treat each debit as if I/we had personally issued a written direction authorizing the Company to debit the amount(s) specified to my/our account and need not verify that payments are drawn in accordance with this authorization. I/We understand that any debits charged to my/our account will be reimbursed if: (a) the debit was not drawn in accordance with this authorization; (b) this authorization has been terminated; or (c) the debit was posted to the wrong account due to invalid/incorrect account information supplied by the Company, by giving notice in writing to my/our branch of account within ninety (90) days of the debit to my/our account. I/We acknowledge that delivery of this authorization to the Company constitutes delivery to my financial institution. I/We warrant that all persons whose signatures are required to sign up on this account have signed this authorization.