



PRE-AUTHORIZED PAYMENT

Please complete all sections of this form. Fax it to (866) 367-6787 or mail to:
New Canadian Credit, 208 Adelaide St. W, Toronto, ON, M5H 1W7.

My Information

First Name	Last Name	Employer
Home Telephone Number ()	Business Telephone Number ()	Fax Number ()

Bank Account Information *(can be found on your cheque, see below):*

Bank Name	Bank Address	
Transit Number (5 digits)	Institution Number (3 digits)	Account Number (7 digits)



1. I authorize **New Canadian Credit Inc.**, through TD Canada Trust, to withdraw my Payment Amount owed on my loan.
2. The Payment will be ONCE per month, on the _____ day of the month.
3. I will inform New Canadian Credit Inc. in writing of any change in my information (for example, Bank Name, Account Number, phone numbers) before the next payment is due.

Signature	Date (Day / Month / Year)
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