

Lindsey Villages
for Autistic persons

PREAUTHORIZED MONTHLY CHEQUING PROGRAM

"VOID" Cheque enclosed
(required for pre-authorized
transactions)

Name _____

Address _____ Apt. _____

City _____ .__Prov. _____ Postal Code _____

Telephone _____ Email _____

I (we) authorize Lindsey Villages to process a debt, in paper, electronically or by other form in the amount of:

\$ _____ on my (our_) account on the _____ day of each month beginning in _____ 20____
month year

Signature _____ Date _____

Signature _____ Date _____

Press right Click to Print