



Pre-Authorization Payment Form – Bank Account

Never worry about whether you've paid your DMTS bill again. No line-ups. No stamps. No late payment charges. No inconvenience. To enroll or make changes to your pre-authorized debit information please complete the form below.

Request Type: *

*** Required Fields**

- New Request
- Update existing Payment Plan Information

Your Name:

*

Telephone Number:

*

DMTS Account Number(s):

Account Type



*

Mailing Address:

*

City/Community:

*

Province:

*

Postal Code:

*

Daytime Number:

*

Email Address:

Banking Information

Your Bank Name:

*

Please complete the following information. You will find it located on the bottom of your cheque from your Bank. Locate the numbers at the bottom which appear in this format:

⑈555⑈ ⑆10107⑆001⑆ 012210⑆220⑈
Cheque Number Branch Number Bank Number Account Number

Branch Number:

*

Bank Number:

*

Bank Account Number:

*

I hereby authorize DMTS to draw from the bank described above, payment of my DMTS account on the due date. I may cancel this authorization at any time upon written notice.

Date: _____

Signature: _____