



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:	<input type="text"/>	*
Telephone Number:	<input type="text"/>	*
DMTS Account Number(s):	<input type="text"/>	*
<input type="text" value="Account Type"/> <input type="button" value="v"/>	<input type="text"/>	*
Mailing Address:	<input type="text"/>	*
City/Community:	<input type="text"/>	*
Province:	<input type="text"/>	*
Postal Code:	<input type="text"/>	*
Daytime Number:	<input type="text"/>	*
Email Address:	<input type="text"/>	*

Banking Information

Your Bank Name:	<input type="text"/>	*
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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:



Branch Number:	<input type="text"/>	*
Bank Number:	<input type="text"/>	*
Bank Account Number:	<input type="text"/>	*

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:** _____