



# ELECTRONIC PAYMENT INFORMATION

Member Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
(Please Print)

If chequing account or credit card details **HAVE NOT** changed since your last submission of this form then only fill in the amount of payment(s) required under the specific method of payment.

If chequing account or credit card details **HAVE** changed, all fields must be completed in full under the specific method of payment together with amount of payment(s) to be charged.

**PAYMENT FROM CHEQUING ACCOUNT (PAP or Direct Debit)**

**BANKING INFORMATION: (VOIDED CHEQUE ATTACHED)**

**SIGNATURE REQUIRED ON CHEQUE FOR VALIDATION**

ITEM

For the amount of \$ \_\_\_\_\_ per month for \_\_\_\_\_

For the amount of \$ \_\_\_\_\_ per month for \_\_\_\_\_

For the amount of \$ \_\_\_\_\_ one time payment for \_\_\_\_\_

For the amount of \$ \_\_\_\_\_ one time payment for \_\_\_\_\_

Signature Required for Validation \_\_\_\_\_

**PAYMENT BY CREDIT CARD**

VISA \_\_\_\_\_

*CREDIT CARD NUMBER*

*EXPIRATION DATE*

MASTERCARD \_\_\_\_\_

*CREDIT CARD NUMBER*

*EXPIRATION DATE*

ITEM

For the amount of \$ \_\_\_\_\_ per month for \_\_\_\_\_

For the amount of \$ \_\_\_\_\_ per month for \_\_\_\_\_

For the amount of \$ \_\_\_\_\_ one time payment for \_\_\_\_\_

For the amount of \$ \_\_\_\_\_ one time payment for \_\_\_\_\_

Signature Required for Validation \_\_\_\_\_

Print Name as shown on Card \_\_\_\_\_

Dated: \_\_\_\_\_

**Please Note:** The information contained in this form shall be strictly confidential and shall only be used for the sole purpose of implementing this Electronic Payment Transfer Program.