



Lakeland Lacrosse's Pre Authorized Debit Form

****Attach void cheque printed from your online banking to submit with this form****

Payor Information (please print clearly)

Mr./Mrs./Ms/Miss	Last Name	First Name
Mailing Address	Physical Address	Contact Information:
City	Postal Code	Home:
		Cell:
		Email:

_____ GOALIE \$300: I/We understand that this PAD is to ensure the proper care and return of Lakeland Lacrosse property and responsible for the goalie as described in Policy 3.

_____ JERSEY \$200: I/We understand that this PAD is to ensure the proper care and return of Lakeland lacrosse property and responsible for all of the jerseys signed out as described in Policy 3.

_____ I/We have attached a void cheque to this authorization to identify the account to be debited. (Available through online banking at your financial institution)

Name (Print)

Signature

Name (print)

Signature

****Lakeland Lacrosse will not penalize families for non fulfilment if ample opportunities are not given to its members ****