



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: |

_____ I/We hereby authorize Lakeland Lacrosse Association to debit my account on June 24, 2023 for the amount of \$200 if I have not fulfilled my volunteer obligation as described in Policy 1: Volunteer and Preauthorized Debit

_____ 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)

_____ I/We understand that it is my/our responsibility to ensure that any changes to this account information or kept current incorrect by notifying to payee. If failure to report this information to the payee result, in a return payment, I/we understand that I/we will be responsible for any fees incurred.

Optional:

_____ I/We choose to opt out of volunteering and pay \$200 immediately

Name (Print)

Signature

Name (print)

Signature

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