



# Pre-Authorized Debit Agreement

## AUTHORIZATION AGREEMENT

I hereby authorize New Horizon Group of Companies to initiate automatic withdrawals from this account for the monthly lease payments on the 1st of each month. Furthermore, I agree not to hold New Horizon Group of Companies responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in withdrawing from my account. Non-Sufficient Funds (NSF) will be charged a fee of \$35. This agreement will remain in effect until New Horizon Group of Companies receives a written notice of cancellation from myself or my financial institution within 14 days.

Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

Please attach a blank void cheque.