

PRE - AUTHORIZED PAYMENT FORM:

Company/Customer Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Name of Financial Institution: _____

Branch Number: _____

Institution Number _____

Account Number: _____

PLEASE ATTACH A VOID CHEQUE

I authorize Benlea Leasing Limited to charge my account: (circle one: ONCE, MONTHLY, ALL INVOICES) for the amount of \$_____. I confirm that I have the authority to provide the above information on behalf of the corporation/organization/payee.

SIGNATURE: _____