Pre-Authorized Payment Plan



Application Form

The Pre-Authorized Payment Plan is an easy way to make your Mascon payments - it eliminates cheque writing and postage costs.

Your permission is all that is required for Mascon to have your bank or financial institution withdraw the amount of your bill. To take advantage of the Pre-Authorized Payment Plan, complete the below form and mail it along with a cheque marked "VOID" to: Mascon, PO Box 3386 Salmon Arm BC, Canada V1E 4S2 or fax this form and sample "Void" cheque to 1-250-832-5575. Please make sure that all people with signing authority on your bank account sign.

You can call a Customer Service Representative Monday to Friday, from 8 a.m. to 5 p.m. at 1-250-832-6000 or from outside of our local calling area Toll Free at 1-866-832-6020.

Authorization Form for Pre-Authorized Payments



Name	Mascon Account Number
Mailing Address	For Service At
 Void chaque anclosed – name(s) on che 	ague must match name(s) on asseunt

- Void cheque enclosed name(s) on cheque must match name(s) on account.
- Or, if you are using a chequing account and cannot provide a VOID cheque, please provide your account information.

5-Digit Transit #	Institution #	Account #	
I/we hereby auth	orize		
	(Financial Institution)		(Branch Address)

to debit my/our account indicated above on or after the first day of each month for all payments to Mascon.

I/we hereby waive any requirement for pre-notification of changes in the amounts and/or payment dates of Pre-Authorized Debits drawn against my/our Account at my/our Financial Institution in accordance with this authorization. I/we agree to the terms and conditions on the reverse of this authorization.

Signature

For a joint account, all depositors must sign if more than one signature is required on cheques issued against the account.