



ORO-MEDONTE CHAMBER OF COMMERCE

148 Line 7 South, Oro-Medonte, ON L0L 2E0 Tel: 705-487-7337 Email: info@oromedontecc.com
Web: www.oromedontecc.com

Pre Authorized Payment Form

I (contact name) _____ hereby authorize the Oro-Medonte Chamber of Commerce through their Financial Institution the TD Bank of Canada to withdraw a monthly membership amount of \$13.00 +HST (Total \$14.69) on the first of each month or the next business day.

I understand that Chamber membership is on an annual basis, with an automatic annual Chamber membership renewal every January 1st that will continue until written cancellation notice for the following year has been received by the Oro-Medonte Chamber of Commerce on or before December 1st.

Should the Oro-Medonte Chamber of Commerce wish to change their membership fee structure, written notice will be given to Chamber members at least 60 days prior to the annual renewal date of January 1st.

Business Information

Business Name: _____

Contact Name: _____ Contact Position: _____

Business Phone Number: _____ Business Email: _____

Business Financial Institution: _____

Financial Institution Location: _____

Please attach either a VOID cheque or authorization form from your financial institution with your banking information to allow us to complete this preauthorized transaction.

Signature of person authorizing this transaction: _____

Date: _____