



CORPORATION OF THE TOWN OF BRACEBRIDGE AUTHORIZATION FORM

Pre-Authorized Payment Plan

If you wish to take advantage of this plan please complete this form and return to:

BRACEBRIDGE SPORTSPLEX
110 Clearbrook Trail
Bracebridge, Ontario P1L 0A3

I/We _____
(names)

MAILING ADDRESS:

Street: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone/Fax: _____

Hereby authorize The Corporation of the Town of Bracebridge, Recreation Department,
110 Clearbrook Trail, Bracebridge Ontario, to debit my/our:

Bank Account no: _____

Held With: _____
(Name of Financial Institution)

NOTE
A VOID cheque
must be enclosed

Branch Address: _____ PAP START: _____

Transit Number: _____ AMOUNT: _____
(insert code numbers from bottom of your cheque)

Signature: _____

Date: _____

Signature: _____

Date: _____

If more than one signature is required all depositors must sign.



CORPORATION OF THE TOWN OF BRACEBRIDGE AUTHORIZATION FORM

Credit Card Pre-Authorized Payment Plan

If you wish to take advantage of this plan please complete this form and return to:

BRACEBRIDGE SPORTSPLEX
110 Clearbrook Trail
Bracebridge, Ontario P1L 0A3

I/We _____
(names)

MAILING ADDRESS:

Street: _____

City: _____ Province: _____ Postal Code: _____

Home Phone: _____ Business Phone/Fax: _____

Hereby authorize The Corporation of the Town of Bracebridge, Recreation Department,
110 Clearbrook Trail, Bracebridge Ontario, to charge my / our:



Visa # _____

Mastercard # : _____

Expiry Date : _____

Expiry Date : _____

CVC: _____

CVC: _____

PAP Start: _____

Monthly Payment: _____

6 Month Membership: _____

Annual Membership: _____

Signature: _____

Date: _____

Signature: _____

Date: _____

If more than one signature is required all depositors must sign.