Pre Authorized Debit Form



Fax: 1-877-222-1784 Fax: 1-866-667-5051 Fax: 1-866-452-4111

Tel: 1-877-322-1414 Tel: 1-877-789-1001 Tel: 1-877-250-7070

Want to pay your bills on time - and	Save even more time and money?				
Save even more time and money?	How do I join?				
With our Pre-authorized payment, option your payment is made automatically on the payment due date -and you do not even have to sign the cheque.	Complete and sign the enrolment /authorization form below.				
Save Money Forget about buying stamps, incurring late payment charges and reduce your bank bill payment costs.	Attach a personal or business blank cheque marked "Void"				
Save Time Forget about writing cheques or making trips to the bank or post office to pay your bills.	Fax or Mail the enrollment/Authorization form to our office along with this month's payment				
Save Worry	Toll Free Fax: 1-877-222-1784				
Forget about cheques that get delayed in the mail	Attention: Posting Office				
or missing your payment due date.	Email: Posting@aro.ca vation Personal/ ousehold PAD Form				

Reference Number:	Telephone Number:					
Payor Name(s):						
Address						
Payor Name(s):						
City:	Province:		Postal Code:			
Dates:	Bi-Weekly	,	Weekly Other(Specify):			
I (We)	author	ize ARO Inc.	to proce	ess a debit (de	ebits), in paper	, electronic
or other form in the amount \$	0	n the date(s	s) indicat	ed above.		
My first Payment will be withdrawn on the		of				,
	Day		Mon		Year	
This payment agreement is to commencedd/mn			_ to	dd/mm		
	aayiiiiiy	,,,,		aayiiiii	7 7 7 7 7 7	
Signature of Payor(s)			Date			