



# CUSTOMER AUTOMATED FUND TRANSFER (CAFT) PRE-AUTHORIZED DEBIT FORM

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name(s) of account holders: \_\_\_\_\_

Assessment Account Number (AAN): \_\_\_\_\_

## FINANCIAL INSTITUTION

TRANSIT NO.	INSTITUTION NO.	ACCOUNT NO.

## TRANSFER INFORMATION

FREQUENCY	START DATE	AMOUNT
	END DATE	
<b>PURPOSE:</b>		

I/We hereby authorize the **Municipality of Clare** to process a regular, automatic transfer of funds as detailed above.

If two or more signatures are required for the account, then both or all signatures are required on this form.

\_\_\_\_\_  
PAYOR ACCOUNT HOLDER (SIGNATURE)

\_\_\_\_\_  
PAYOR ACCOUNT HOLDER (SIGNATURE)