

Fill in the blanks regarding your checking/savings account, ATTACH A VOIDED CHECK OR DEBIT FORM (a deposit slip will not be valid as the bank routing number may differ) , and please remit to:

MODERN BEAUTY SUPPLIES  
415 MANITOU RD SE  
CALGARY, AB T2G 4C2

I (we) hereby authorize Modern Beauty Supplies to initiate monthly electronic funds withdrawal from the following checking/savings account indicated below.

ACCOUNT TYPE (circle one)

Checking

Savings

FULL NAME: \_\_\_\_\_

SALON NAME: \_\_\_\_\_

MODERN ACCOUNT NUMBER: \_\_\_\_\_

FINANCIAL INSTITUTION: \_\_\_\_\_

BANK ADDRESS: \_\_\_\_\_

BANK PHONE NUMBER: \_\_\_\_\_

BANK NUMBER: \_\_\_\_\_ TRANSIT NUMBER: \_\_\_\_\_

BANK ACCOUNT NUMBER: \_\_\_\_\_

I (we) hereby authorize Modern Beauty Supplies to initiate an automatic monthly funds withdrawal from my account above on the 25th day of each calendar month, or within three days thereafter, in the amount equal to the stated current customer balance on my account from Modern Beauty Supplies from the proceeding month. I (we) understand that there will be a \$35.00 charge to my account if an automatic funds transfer is declined due to insufficient funds in the checking/savings account specified above.

I (we) understand that if there is a disputed amount on my (our) account from Modern Beauty Supplies it is my (our) responsibility to inform Modern Beauty Supplies about the disputed amount no later than the 15th of the month proceeding the funds transfer in order to prevent the Current Customer Balance from being debited to my (our) account.

This funds transfer is in effect until I (we) provide instructions otherwise in writing within 30 days.

Sign and fill-in the below section:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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