



www.ecostay.ca
TOLL FREE: 877-430-3007
TEL: 289-360-3007 ext 1
FAX: 905 338-3113

PRE-AUTHORIZED WITHDRAWAL AUTHORIZATION.

Company: _____

ACCOUNTING CONTACT:

Name: _____

E-mail: _____

Direct Phone/extension: _____

The Monthly Amount Payable, as per Member's submitted Collections Report, will be automatically withdrawn from the chosen payment method. E-mail notice of withdrawal amount will be provided for accounting purposes.

- AUTOMATIC BANK WITHDRAWAL:** Hotel hereby authorizes LivClean to withdraw any amounts owing hereunder from the following bank account:

Bank Name/Number: _____

Transit Number: _____

Account Number: _____

✓ Please attach copy of void check for verification purposes.

- AUTOMATIC CREDIT CARD WITHDRAWAL:** Member hereby authorizes LivClean to withdraw any amounts owing hereunder from the following bank account:

___ Master Card ___ Visa. ___ Amex

Name on Card: _____

Card Number: _____

Expire Date: _____

AUTHORIZATION:

Signature: _____

Name (print): _____

Date: _____

Please e-mail completed form to attention of Nicole Lentini: nlentini@livclean.ca