



## Pre-Authorized Payment Form

Upon placing your order with Universal Drugstore, confirmation will be provided by the Universal Drugstore billing department. Your Pre-Authorized Payment debit will be processed within a 24-hour period for the amount that will be confirmed.

Name and Address of Bank or Trust Company:

Contributor's Name on Account

Bank Account #

Transit #

TO ENSURE ACCURACY, A SAMPLE CHEQUE, MARKED "VOID" MUST ACCOMPANY THIS CARD. NOTIFICATION TO CANCEL THIS PAYMENT METHOD OR CHANGE ANY DETAILS OF THIS PAYMENT MUST BE RECEIVED IN WRITING TO UNIVERSAL DRUGSTORE LTD.

I hereby authorize my account to be debited by Universal Drugstore Ltd. via Per-Authorized Payment, outside of the current CPA standards.

DATE

SIGNATURE OF AUTHORIZATION

CPA- Canadian Payment Standards requires notification of a 10 day period before debiting an account.  
This authorization will shorten this notification period to 24 hours.

**Please attach VOID Check here!**