

MEMBER ACCOUNT NUMBER					
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<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss	FIRST NAME	INITIAL	LAST NAME
<input type="checkbox"/> Ms	<input type="checkbox"/> Dr.	<input type="checkbox"/> Rev.			

ADDRESS			AREA CODE	HOME TELEPHONE	
CITY	PROVINCE	POSTAL CODE	AREA CODE	BUS. TELEPHONE	EXT

ACCOUNTS I WOULD LIKE TO PAY THROUGH THIS SERVICE

OFFICE USE	COMPANY	ACCOUNT NUMBER

I hereby request the Bill Payment Service as offered by AcceleRate Financial to debit payments authorized by me from the account specified by me. Please refer to the Member Account Agreement for Terms and Conditions. We may contact you for verification for any future online requests to add a new vendor. Please be advised we will call you if your request cannot be added.

Authorized Signature(s)

Date