

**FTD**

THE FLOWER EXPERTS™

AUTOMATED ELECTRONIC FUNDS TRANSFER AUTHORIZATION (CANADA)

**Tired of waiting for your statement
check in the mail?**

Have your credit balance deposited electronically into your
checking or savings account!

Tired of writing checks and paying for postage?

Pay your monthly statement balance electronically - allow us to debit
your account. This will ensure timely payment of your balance due.

- _____ I wish to have my/Company credit balance direct deposited at no cost on the 25th
(or next business day) of each month. (This will take effect the following month)
- _____ I wish to have my/Company credit balance direct deposited on the 10th (or next business day)
of each month at a cost of \$3.75 per \$1,000. (This will take effect the following month)
- _____ I wish to have my/Company's outstanding debit balance transmitted to FTD each month at
no cost on the due date reflected on the monthly billing statement. (Not required for credit
balance EFT)

I, on my own behalf and on behalf of the Company listed below (if applicable), hereby authorize Florists' Transworld Delivery, Inc. to initiate automated clearing house (ACH) debit and credit entries, as indicated above, to the bank account identified on the attached account check. I represent and warrant that I have appropriate authority to provide this payment authorization on the account.

This authority is to remain in full force and effect until Florists' Transworld Delivery, Inc. receives written notification from me or the Company at the address indicated below of termination 10 business days prior to the next scheduled credit or debit. Customer must be in good standing with FTD. Sample cancellation forms and additional information may be obtained at my financial institution or www.cdnpay.ca. I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debits agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit www.cdnpay.ca

Member # _____ Date _____

Shop Name _____

Company Legal Name (if applicable) _____

Authorized Signature _____

(Proprietor, if Proprietorship, Partner, if Partnership, Officer, if Corporation)

PLEASE INCLUDE A VOIDED CHECK FOR YOUR DEPOSITS AND/OR DEBITS
MAIL TO: 3113 WOODCREEK DRIVE • DOWNERS GROVE, IL 60515 • USA
FAX: 630-719-2601 • www.ftdi.com/cashflo

