

The amount the employer calculates using MERIT is withdrawn from the account with pre-authorization, please complete the Pre-Authorized Debit Form. If you have any questions related to this form you can email us at [employers@teibas.com](mailto:employers@teibas.com) or call us at 416-637-6789 or toll-free at 1-800-267-0602.

## 1. COMPANY INFORMATION: REQUIRED

Company Name:

Apartment No.:

Address:

City:

Province:

Postal Code:

Phone No.:

Fax No.:

Email Address:

## 2. FINANCIAL INSTITUTION: REQUIRED

Name of Institution:

Bank Number:

Transit Number:

Account Number:

## 3. AUTHORIZED SIGNATURE(S): REQUIRED

Last Name:

First Name:

Middle Initial(s):

Phone No.:

Email Address:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YYYY)

Last Name:

First Name:

Middle Initial(s):

Phone No.:

Email Address:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (DD/MM/YYYY)

Please send your completed and signed form to TEIBAS via mail, fax, or scan and email. See contact information below.