



Stratacon Inc
Pre-Authorized Payment Plan

Name: _____ Account #: _____
Address: _____ Phone # (Home): _____
_____ Phone # (Bus): _____

I/We hereby authorize the Stratacon Inc. to automatically withdraw from my/our bank account for payment of my utility* bills.

Date: _____ Signature(s): _____

Note: For joint accounts, all depositors must sign if more than one signature is required on cheques against the account.

- 1) Please attach/fax a sample cheque marked "VOID".
- 2) Returned signed contract and void cheque to:

Stratacon Inc.
641 Chrislea Rd, Unit 8
Woodbridge, Ontario
L4L 8A3

Thank you!

*Utility refers to electricity and/or water and/or gas and/or heat.