



VRTUCAR
346 Waverley St.
Ottawa ON K2P 0W3
613-798-1900
info@vrtucar.com

Personal Pre-authorized Credit Card Payment Plan

Member Name _____ Membership # _____

Collision Loss Damage Insurance YES ☐ NO ☐

I hereby authorize

Circle one VISA MasterCard AMEX

Credit Card Number

Card Expiry Date

To debit my account/card number each month in payment to Virtue Transportation Systems Inc. (VRTUCAR) for fees on monthly invoices assigned to the above membership.

The amount on each monthly invoice will be charged to my account by Virtue Transportation Systems Inc. (VRTUCAR) on the 15th day of each month.

Date D / M / Y	Signature
--------------------------	------------------

NOTES

1. Please notify us of any changes in address or account information.
2. Each month's charges will, as with other payment methods, vary according to your actual use as reflected by your monthly invoice.
3. If authorization for credit is denied on the 15th of the month, your account will be suspended until payment arrangements are made.
4. Please give a 15 day notice to cancel this pre-authorized credit card payment plan.
5. There are no fees applied by VRTUCAR for this service.