

LDD Payment Update Form

1. Review and Confirm Account Information

Account Name _____
Firm Name _____
Contact Name _____
Contact Email _____

2. Complete only ONE of the following Payment Options

A. CREDIT CARD PAYMENTS

Card Type VISA MASTERCARD
Card Number _____
Card Expiry _____
Cardholder Name _____
CVV _____

B. PRE-AUTHORIZED PAYMENTS

Institution _____

I've attached an unsigned, void cheque from the account to be debited.

3. Return to accountsreceivable@ldd.ca or fax 1-866-239-3829

4. Once your request is processed, you will receive a confirmation via email