



CREDIT UNION

ÉVANGÉLINE-CENTRAL

DIRECT DEPOSIT ENROLLMENT FORM

37 Mill Road
Wellington, PE
902-854-2595

873 Canada Road
Tyne Valley, PE
902-831-2900

512 Main Street
O'Leary, PE
902-859-2266

PART 1: TO BE COMPLETED BY PAYEE

1 COMPANY (PAYOR) NAME AND ADDRESS		REFERENCE NO.
		2
		<input checked="" type="checkbox"/> NEW ENROLLMENT
		<input checked="" type="checkbox"/> ADVICE OF CHANGE
3 PAYEE - SURNAME		
4 PAYEE - MAILING ADDRESS		
		5 TELEPHONE (WORK) AREA
	POSTAL CODE	6 TELEPHONE (HOME) AREA

PART 2: TO BE COMPLETED BY FINANCIAL INSTITUTION FOR NEW ENROLLMENT OR CHANGE OF ACCOUNT INFORMATION

7 FINANCIAL INSTITUTION NAME AND ADDRESS (STAMP MAY BE USED)	DIRECT DEPOSIT ROUTING NUMBER		
	8 TRANSIT NUMBER 79053	9 INST. NO 839	10 ACCOUNT NUMBER
	11 ACCOUNT NAME		
	12 SIGNATURE OF FINANCIAL INSTITUTION OFFICIAL		DATE DAY MONTH YEAR

PAYEE AUTHORIZATION

I/We hereby authorize the above named company (payor) to use a direct deposit system, to make deposit payments directly to the account described above, until notice in writing to stop the direct deposits and to cancel this authorization is received by the company.

*SIGNATURE OF PAYEE

DATE _____

*SIGNATURE OF PAYEE

*This authorization must be signed in accordance with the signing authority required on the account.

ALL INFORMATION SUBMITTED WILL BE TREATED AS PRIVATE AND CONFIDENTIAL