



CREDIT UNION

ÉVANGÉLINE-CENTRAL

PRE-AUTHORIZED PAYMENT 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

COMPANY NAME		REFERENCE NO.
		<input type="checkbox"/> NEW ENROLLMENT <input type="checkbox"/> ADVICE OF CHANGE
COMPANY MAILING ADDRESS		
		TELEPHONE

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

FINANCIAL INSTITUTION NAME AND ADDRESS	Pre-Authorized Payment Information		
	TRANSIT NUMBER 79053	INST. NO 839	ACCOUNT NUMBER
	ACCOUNT NAME		EFFECTIVE DATE
	ACCOUNT ADDRESS		AMOUNT

AUTHORIZATION

I understand that this authorization is to initiate a pre-authorized, automatic withdrawal for payment to the billing company. I further understand that it is my responsibility to learn from the company any costs, fees, or procedures associated with automatic payments or cancellation, as this authorization does not override any policies of the billing company. I understand to stop a pre-authorized payment, I must notify the Credit union at least ten (10) business days before the scheduled payment.

DATE _____

*SIGNATURE OF ACCOUNT HOLDER

DATE _____

*SIGNATURE OF JOINT ACCOUNT HOLDER

*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