

Direct Deposit / Pre-Authorized Debit Form

Client Name: _____

Account #: 00016 608
Transit Institution number Identifier Sub Account number

This form can be used in place of a void cheque for setting up or modifying direct deposit or pre-authorized debit or payment transactions. Please take this document to your Billing/Deposit Company to initiate or modify the following pre-authorized transaction:

Deposit/Billing Company Information New Change Cancel

Company Name: _____

Street Address: _____

City: _____

Province: _____ Postal Code: _____

Please accept this document as my authorization to set up or modify the following pre-authorized transaction:

Direct Deposit

- Payroll
- Insurance
- Pension
- Investment/Annuity
- Other: _____

Frequency: _____

Reference #: _____

Amount: \$ _____

Next Payment Date: _____
dd/mm/yyyy

Pre-authorized Debit or Payment

- Utility
- Cable/Phone
- Loan/Mortgage
- Investment
- Insurance
- Other: _____

Frequency: _____

Reference #: _____

Amount: \$ _____

Next Payment Date: _____
dd/mm/yyyy

Authorized Signature(s)

 Client Signature Date _____

 Joint (if applicable) Date _____