alterna bank

Direct Deposit / Pre-Authorized Debit Form

Client Name: _____

Account #: 00016 (Transit) 608 (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)

_____ Date _____

Client Signature

_____ Date _____

Joint (if applicable)

For Government of Canada deposits, please speak to your payroll office or visit www.ccra-adrc.gc.ca and use form #520745 'Direct Deposit Enrolment Request'.

*CS Alterna Bank operates as Alterna Bank.