

PRE-AUTHORIZED ELECTRONIC FUNDS TRANSFER

Please Print Name

Address: _____

Street

City, Province

Postal Code

Telephone Number

I here by authorize _____ to initiate a credit to my account by method of Electronic Funds Transfer beginning _____ / _____.
Month Year

Bank Route # _____ Bank Transit # _____ Account # _____
(All numbers must be provided)

Name of Bank: _____

Bank Address: _____
Street

City, Province

Postal Code

Note: If your credit is to a chequing account, please attach a VOID cheque. Please do not write on the magnetic encoding found on the bottom of your cheque.

I further acknowledge by my signature, duly dated, that I shall be responsible for any costs incurred by the _____ that may arise from my failure to immediately advise _____ of any change, for any reason, to my bank account number or address from the bank, from the foregoing information.

Account holder signature

Date of signature

For Administration Office use only:

Accepted by and on behalf of the _____
this _____ day of _____, 20____

Plan Administrator