

Direct Deposit / Pre-Authorized Debit Form

wember wame:						
Account #:	00646 Transit	v . <u>–</u>		Sub	Account number	
deposit or pre-	authorized d	ace of a void che ebit or payment to itiate or modify the	transactions.	Please tak	e this document to yo	
Deposit/Billing	ן Company In	formation	New 🗌	Change	☐ Cancel	
Company Name Street Address:	-					
City: Province:			Postal (Code:		
Please accept t authorized trans		as my authorization	on to set up or i	modify the	following pre-	
Direct Deposit			Pre-authorize	d Debit o	r Payment	
☐ Payroll☐ Insurance☐ Pension☐ Investment/Annuity☐ Other:			Utility Cable/Phone Loan/Mortgage Investment Insurance Other:			
Frequency:			Frequency:			
Reference #: _ Amount:	\$		Reference #: Amount:	\$		
Next Payment Date: dd/mm/yyyy			Next Payment Date: dd/mm/yyyy			
Authorized Sig	nature(s)					
Member Signature			D	ate		
•				Date		
Joint (if applical	ble)					

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'.

^{*}Alterna Savings and Credit Union Limited operates as Alterna Savings.