



## CONSUMER PRE-AUTHORIZED DEBIT PLAN AUTHORIZATION

Client: \_\_\_\_\_

Transaction: \_\_\_\_\_

We the undersigned authorize Consolidated Credit Union Ltd., herein called "the Credit Union", to debit my/our account at the Financial Institution indicated, under the terms and conditions agreed to by me/us with the Credit Union until such time as written notice to the contrary is given by me/us to the Credit Union.

Name of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Institution ID  
\_\_\_\_\_

Branch Number  
\_\_\_\_\_

Account Number to be debited  
\_\_\_\_\_

Amount of Debit  
\_\_\_\_\_

Withdrawal Frequency  
\_\_\_\_\_

Start Date  
\_\_\_\_\_

We have read and understood the terms and conditions and hereby accept them as a condition of my/our participation in the Credit Union's Consumer Pre-Authorized Debit Plan.

Member's Last Name: \_\_\_\_\_ Member's First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Loan #/Account # to be credited: TWIN SHORES CAMPGROUND

Signature of Member/Account Holder \_\_\_\_\_ Date \_\_\_\_\_

Signature of Member/Account Holder \_\_\_\_\_ Date \_\_\_\_\_

(Joint Account all signatures required)

Financial Institution — (Attach a blank "voided" cheque)