COMMUNICATION TECHNOLOGIES CREDIT UNION
COMTECH

AUTOMATIC TRANSFER AUTHORIZATION AGREEMENT

Fax back to: Toronto 416-598-0171/ Mississauga 905-625-6682/ Ottawa 613-234-0491 /Nepean 613-763-4307

First Name Middle Initial Surname

Account Number _____ Daytime Telephone Number _____

I have authorized my employer to credit my account as follows

Full Direct Deposit ☐ **or** **Partial Direct Deposit** ☐ **of $** _____

I hereby request and authorize Communication Technologies Credit Union Limited to debit my account noted below for the amount and frequency indicated. It is understood and agreed that neither the Credit Union nor any of its Officers shall be held liable from any cause of such transfers being made and the responsibility of the Credit Union shall have been fulfilled upon satisfactory proof that the transfers authorized have, in fact, been made. It is further agreed that notice of cancellation of this authorization shall be in writing signed by me and addressed to the Credit Union and shall be effective as soon as possible after receipt by the Credit Union. This authorization hereby cancels all previous authorizations given by me to deduct monies for this purpose from my account.

I hereby authorize Comtech Credit Union to debit my Savings ☐ **or** Chequing ☐ (please indicate)
the total amount of $ _____ and automatically credit the following (please indicate) every
☐Weekly ☐Bi-Weekly ☐Monthly ☐Specify a certain date (e.g. every Friday or the 1st of every month) _____

Account	**Amount**	**Start Date**	**Account Number**
☐High Interest Savings	$_____	_____	
☐U.S. Dollar Savings	$_____	_____	
☐Tax Free Savings	$_____	_____	
☐Line of Credit	$_____	_____	
☐Equity Line of Credit	$_____	_____	
☐Mortgage	$_____	_____	
☐Loan	$_____	_____	
☐RSP Savings	$_____	_____	
☐Spousal RSP Savings	$_____	_____	_____
☐Trust Account	$_____	_____	_____
☐Joint Account	$_____	_____	_____
☐Other	$_____	_____	_____

Member Signature **Date (D/M/Y)** **Telephone Number** **Member Account #**

Joint Member Signature **Date (D/M/Y)** **Telephone Number** **Joint Member Account #**

Received By and On Behalf of Communication Technologies Credit Union Limited

Employee Signature Employee # Date (D/M/Y)