



220 Yonge Street, Suite 102, Toronto, Ontario M5B 2H1
Telephone: 1 800 209 7444

Credit Union Information

Member Name _____ Member Account # _____

Please check which one of the following (as applicable)

Change to Existing Agreement or New Application
Amount \$ _____

Please check one of the following frequency periods to apply

Start Date (dd/mth/yyyy)

Weekly Day of recurring transfer _____
 Bi-Weekly Day of recurring transfer _____
 Monthly Date of recurring transfer _____
 Semi-Monthly (15th / 31st) Date of first transfer _____
 One Time Only Date of one-time transfer _____

Processing Institution Information

Name of Processing Institution _____

Branch Number (Transit #) _____ Institution Number _____ Account Number _____
(5 Digits) (3 Digits) (11 Digits)

ATTACH VOID CHEQUE

I acknowledge that this authorization is provided for the benefit of the Communication Technologies Credit Union Limited (Comtech) and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process Funds Transfer Debits against my account in accordance with the Rules of the Canadian Payments Association, as a Funds Transfer PAD.

I warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

I hereby authorize Comtech to debit my account with the Processing Institution and transfer funds to the credit of my account number at Comtech as per the information form attached. This authorization may be cancelled at any time upon notice by myself. I acknowledge that, in order to revoke this authorization, I must provide notice of revocation to Comtech at least 7 business days before the next debit is scheduled. Further information on my rights to cancel a PAD Agreement can be obtained at my financial institution or by visiting www.cdnpay.ca. I acknowledge that provision and delivery of this authorization to Comtech constitutes delivery by myself to the Processing Institution. Any delivery of this authorization to you constitutes delivery by myself. The account that Comtech is authorized to draw upon is indicated on the information form attached. A specimen cheque is available for this account has been marked "VOID" and is attached to this authorization. I undertake to inform Comtech, in writing, of any change in the account information provided in this authorization prior to the next due date of the Funds Transfer Debit.

I acknowledge that the Processing Institution is not required to verify that a Funds Transfer Debit has been issued in accordance with the particulars of my Authorization Agreement including, but not limited to, the amount. I acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the Funds Transfer Debit was issued has been fulfilled by Comtech as a condition to honouring a Funds Transfer Debit issued or caused to be issued by Comtech on my account.

I acknowledge that I will not have recourse within the CPA Rules for any Funds Transfer Debit not drawn in accordance with this Agreement. .

I have read and understand the above terms and conditions.

Member Name: _____ Signature: _____

Member Name: _____ Signature: _____

Date: _____ Home Phone #: _____

Witness Name: _____ Signature: _____