⫼ VanCity

My/Our account to be credited at VanCity is Account Number _____ Branch Number _____

Account to be debited is at: _____

For the purpose of my/our ☐ Loan Payment ☐ Other _____ (specify)

The credit is for the amount of $ _____ and is to be drawn on the account:

☐ Weekly -W ☐ Bi-weekly - B ☐ Monthly - M ☐ Last Day of Month - M ☐ Quarterly - Q

☐ Semi-Annually - S ☐ Annually ☐ Teachers Ten Month Payment Schedule Dormant Start August End September

Beginning (yy/mm/dd): _____ Ending (yy/mm/dd): _____

Account Type: ☐ Loan Number _____ ☐ Other _____ (specify)

VanCity OFFICE USE ONLY

SET UP ☐ Please set up the above Pre-Authorized Payment (PAP) effective immediately.

AMEND ☐ Please amend the member's existing Pre-Authorized Payment (PAP). The new amount of $ _____

on a _____ basis starting (yy/mm/dd) _____

expiring on (yy/mm/dd) _____

CANCEL ☐ Please cancel the member's existing Pre-Authorized Payment (PAP) in the amount of $ _____
effective immediately.

X_____
VanCity Authorized Signature

TAPE VOIDED CHEQUE HERE (DO NOT STAPLE)

Complete this section **ONLY IF** the name(s) on the account to be debited and the account to be credited **ARE DIFFERENT**.

I/We _____

authorize Vancouver City Savings Credit Union ("VanCity") to debit my/our account at

_____ for the amount of **$** _____

☐ Weekly -W ☐ Bi-weekly - B ☐ Monthly - M ☐ Last Day of Month - M ☐ Quarterly - Q

☐ Semi-Annually - S ☐ Annually ☐ Teachers Ten Month Payment Schedule Dormant Start August End September

And to credit Account Number _____ Branch Number _____

This authorization is for the period (yy/mm/dd) _____ to (yy/mm/dd) _____ inclusive.

X_____ X_____ _____
Member's Signature   Witness Signature   Date Signed

X_____ X_____
Member's Signature   Witness Signature