Authorization Agreement for Direct Deposit – Canadian Accounts

Mr / Mrs / Miss / Pastor / Dr Name: _____

Address: _____

_____
City Province/State Postal Code/Zip Code

Telephone Number: Area Code (_____) _____

_____ **NO** I do not wish to take advantage of direct deposit at this time. A Canadian cheque will be mailed to me each pay period. Please sign directly below and return form.

_____ _____
Retiree's Signature Date

_____ **YES** I want to take advantage of having my monthly retirement cheque directly deposited to my ***CANADIAN*** chequing or savings account. I understand that I can end this service by simply giving written notice.

Chequing Account (Canadian Financial Institution)

Please attach a "VOID" pre-printed cheque to this form(must have your own name and address as well as the financial institution name and address) from the account to which you want the direct deposit made, sign at the bottom of the form and return.

OR

Savings Account (Canadian Financial Institution)

To be filled out by your bank.

Financial Institution Name: _____

Branch Address: _____

_____
City Province Postal Code

Transit Number (5 digits) _____ Institution Number (3 digits) _____

Account Number (7 – 12 digits) _____

Bank Representative: _____ Phone Number: (____) _____

I authorize the SDA Church in Canada Retirement Department's bank, Royal Bank, to credit payments due me and/or debit adjustments for any credit entries made in error to my account. I authorize my bank to credit and/or debit the same to such account.

_____ _____
Retiree's Signature Date

Return form to: Retirement Department
SDA Church in Canada
1148 King Street East
Oshawa ON L1H 1H8

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