

PRE-AUTHORIZED PAYMENT SERVICE NOTICE OF CHANGE OF BANK ACCOUNT

TO
▼

COMPANY NAME	DATE	
ADDRESS		
ADDRESS		
CITY	PROVINCE	POSTAL CODE

I/we, the undersigned, authorize you to change immediately my/our existing payment arrangement described below to the undernoted bank account. This arrangement is to continue until you receive written notice from me/us to stop the direct payment and to cancel this authorization.

AMOUNT \$

PAYMENT PARTICULARS (PAYROLL, MORTGAGE, INSURANCE, ETC. - INCLUDE REFERENCE NUMBER)

BANKING INFORMATION (TO BE COMPLETED BY THE FINANCIAL INSTITUTION)

INSTITUTION	NUMBER	12 DIGIT ACCOUNT NUMBER	
THE BANK OF NOVA SCOTIA	002	70 227	03 839 29
Company Processing Instructions ▶		Enter as TRANSIT No.	Enter as ACCOUNT No.
BRANCH ADDRESS (Use Branch Stamp)		ACCOUNT HOLDER'S NAME	
501 Victoria Ave Thunder Bay		Heather NAPASH	
		VERIFIED BY THE FINANCIAL INSTITUTION	
		SIGNATURE	
		DATE	
		May 6/11	

<p><u>Heather Napash</u> NAME OF CUSTOMER</p> <p><u>109 Kensington Drive</u> ADDRESS OF CUSTOMER</p> <p><u>P7C 2A4</u> <u>807 623-9489</u> POSTAL CODE TELEPHONE NUMBER</p> <p><u>Heather Napash</u> * SIGNATURE</p>	<p>_____ NAME OF CUSTOMER (IF MORE THAN ONE)</p> <p>_____ ADDRESS OF CUSTOMER</p> <p>_____) _____ POSTAL CODE TELEPHONE NUMBER</p> <p>_____ * SIGNATURE</p>
--	---

* This Authorization must be signed in accordance with the signing authority required to operate the bank account.