

Customer name: ZELDA WATT

TDCT Account No. 06632 004 84556273073
Transit No. Inst. No. Account No.

This form is used for new direct deposits/pre-authorized transactions only. Please take this form to your billing/deposit company.

Billing/deposit company information:

Company name _____ Phone _____
Street _____ Fax _____
City _____ Prov. _____ Postal code _____


Please accept this document as my authorization to set up new direct deposit/pre-authorized transactions for the following:
(one form for each change)

1. Preauthorized payment
Please indicate which apply:
 Insurance Mortgage payment
 Utility Lease
 Membership Other
 Loan payment
Policy/account # _____
Payment frequency (monthly, weekly, daily) _____
Payment amount _____
Next payment date (dd/mm/yyyy) _____

2. Direct deposits
Please indicate which apply:
 RIF/LIF/LRIF Annuity
 Benefit/Pension Other

3. Payroll deposit

All authorized signatures required

 _____
Customer or Signing Officer signature(s) Date (dd/mm/yyyy) 22/11/10

Customer or Signing Officer signature(s) Date (dd/mm/yyyy)

Note: To set up Government Direct Deposits, please complete the appropriate Government of Canada forms. The branch can provide you with a 'Direct Deposit Enrolment Request' form (#520745) or you can refer to the Canada Customs and Revenue Agency website (www.ccr-aadrc.gc.ca).