



Do more. Be more. Achieve more.

# Direct Deposit/Payment Instructions

Please complete and submit this form to either change existing pre-authorized transactions or set up new pre-authorized transactions (i.e., deposits or withdrawals) to or from your DUCA account.

To: .....  
(Insert Name of Company: e.g. Employer, Insurance Provider, etc.)

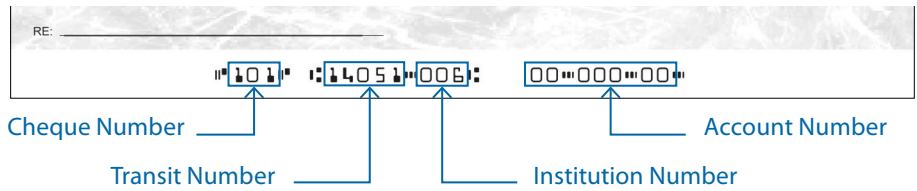
## MEMBER INFORMATION

Member Name(s) ..... Telephone Number .....  
Address ..... City .....  
Province ..... Postal Code .....

## PRE-AUTHORIZED TRANSACTION INFORMATION

Company Name ..... Account/Policy No. ....  
Payment Amount ..... Payment Date .....  
 Deposit     Withdrawal

## BANK ACCOUNT INFORMATION



Institution	Transit Number	Institution Number	Account Number (12 digits)*
DUCA Financial Services Credit Union Ltd.	21962	828	

## AUTHORIZATION

I authorize the Company and DUCA to debit or credit (as applicable) my bank account for payment as indicated above. I understand that DUCA is not responsible for verifying these payments to or from my account. I will notify the Company promptly in writing if I close or make other changes to my account. I may cancel this authorization at any time in writing to the Company. However, I am still responsible for my contract obligations to the Company.

## AUTHORIZED BY

Signature(s) ..... Date .....

Note: Please forward this completed form to the Company and keep a copy for your records. Some companies may also ask you to attach a voided cheque. If you are unsure whether or not the Company will act on these instructions, please contact them to confirm.