



УКУК

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UKRAINIAN CREDIT UNION LIMITED
УКРАЇНСЬКА КРЕДИТОВА СПІЛКА

Consumer Pre-Authorized Debit Authorization Form

Please complete **SECTION 1** to instruct your financial institution to make payments directly from your account. Complete the applicable payment option on the reverse and initial in the box provided. Sign and return the completed form with a blank cheque marked **"VOID"** to **Ukrainian Credit Union Limited**.

SECTION 1—AUTOMATED FUNDS TRANSFER REQUEST PAYEE/CREDIT INFORMATION

Ukrainian Credit Union Limited, 145 Evans Avenue, Suite 300, Toronto, Ontario M8Z 5X8 416.922.2797

Romanian Orthodox St. Nicholas Mission

900131202

NAME OF ACCOUNT HOLDER

ACCOUNT # TO CREDIT

DEBIT FINANCIAL INSTITUTION BRANCH (please print)

NAME OF FINANCIAL INSTITUTION

STREET

SUITE/UNIT #

CITY

PROVINCE

POSTAL CODE

TELEPHONE

DEBIT ACCOUNT #

INSTITUTION #

BRANCH

ACCOUNT HOLDER (PAYORS) (please print)

Mr. Mrs. Ms. Miss

SURNAME

FIRST NAME

STREET

SUITE/UNIT#

CITY

PROVINCE

POSTAL CODE

TELEPHONE

BRANCH USE ONLY

New AFT

- 'VOID' cheque attached
- Signature(s) on reverse

Purpose of AFT

Loan payment _____

Loan # _____

Payment date _____

Loan due date _____

Other _____

Mortgage payment

Mortgage # _____

Payment date _____

Mortgage due date _____

Amending AFT due to:

- Change in debit account number _____
- Change in financial institution _____
- Change in debit amount \$ _____

Change frequency/date in debit _____

Change mortgage/loan due date _____

Other _____

SYSTEMS USE ONLY

		Initial		Initial
Date entered	_____	_____	Amended	_____
Amended	_____	_____	Amended	_____
Amended	_____	_____	Amended	_____
Amended	_____	_____	Amended	_____
Amended	_____	_____	Cancelled	_____

1. I [We] as the account holder(s), authorize **Ukrainian Credit Union Limited** and the Financial Institution noted on the reverse to debit my [our] account, at the branch of the Financial Institution indicated on the reverse, under terms and conditions agreed to by me [us] with Ukrainian Credit Union Limited until such time as written notice to the contrary is given by me [us] to Ukrainian Credit Union Limited.
2. I [We] warrant that all persons whose signatures are required to sign on this debit account have signed this form below.
3. The branch of the financial institution at which I [we] maintain the account is not required to verify that the payment[s] are drawn in accordance with this authorization.

MONTHLY

A debit for a fixed date and frequency with the amount fixed but scheduled to change at a future date agreed to by the Payor.

- A debit, in electronic or other form in the amount of \$ _____ may be drawn on my [our] account on the _____ [day] of each month, beginning _____ which amount may be increased/decreased at a future date as agreed to in writing by me [us]. Ukrainian Credit Union Limited will, to the best of their ability, advise me [us] in writing of the revised amount in advance of the effective date of such increase/decrease.

WEEKLY/BI-WEEKLY

A debit for a fixed cycle but a variable date with the amount fixed but scheduled to change at a future date agreed to by the Payor.

- A debit, in electronic or other form in the amount of \$ _____ may be drawn on my [our] account every _____ [frequency], beginning _____ which amount may be increased/decreased at a future date as agreed to in writing by me [us]. Ukrainian Credit Union Limited will, to the best of their ability, advise me [us] in writing of the revised amount in advance of the effective date of such increase/decrease.

4. I [We] will notify Ukrainian Credit Union Limited in writing of any changes in the account information or termination of this authorization at least 14 days prior to the next due date of the pre-authorized debit. I [We] understand that termination of this authorization does not terminate any contract for goods or services that exists between me [us] and Ukrainian Credit Union Limited.
5. Items charged will be reimbursed subject to notification by me [us] to the branch of account within 90 days under any of the following conditions:
 - A. I [We] never provided the authorization to Ukrainian Credit Union Limited.
 - B. The pre-authorized debit was not drawn accordance with this authorization.
 - C. My [Our] authorization was revoked.
 - D. The debit was posted to the wrong account due to invalid/incorrect account information supplied by Ukrainian Credit Union Limited.

I [We] understand that a written declaration to the effect that one of [A], [B], [C], [D] took place must be give to my [our] financial institution.

6. I [We] acknowledge that delivery of this authorization to Ukrainian Credit Union Limited constitutes delivery by me [us] to the above-noted financial institution.

SIGNATURE(S) OF DEBIT ACCOUNT HOLDER(S) DATE

SIGNATURE(S) OF DEBIT ACCOUNT HOLDER(S) DATE