Reset Form

CREDIT UNIONS

AUTOMATIC WITHDRAWAL CHANGE/REQUEST

Complete a copy of this form for each company you authorize to make automatic withdrawals from your Credit Union account

☐ Start automatic withdrawal ☐ Change automatic withdrawal

If you cannot accept this written request regarding my automatic withdrawal or if you have a question about this request, please contact me directly using the following information.

TO: _____
Company Name

_____
Address

_____
City Province Postal Code

FR: _____ $_____
Account Holder's Name Withdrawal Amount

_____
Address

_____
City Province Postal Code

_____
Phone Number Account Number

I authorize this automatic payment to be debited from my Credit Union account number:

Branch Number					Institution Number			Account Number										
7	0	1	9	3	8	3	9											

New Waterford Credit Union LTD. 019
Name of Credit Union Branch

3462 Plummer Ave, New Waterford, NS, B1H 1Z6
Address

Effective Date: _____

I understand that this authorization is to initiate a pre-authorized, automatic withdrawal for payment to the billing company. I further understand that it is my responsibility to learn from the company any costs, fees, or procedures associated with automatic payments or cancellation, as this authorization does not override any policies of the billing company. I understand to stop a pre-authorized payment; I must notify the Credit union at least ten (10) business days before the scheduled payment.

_____ _____
Account Holder's Signature Date