

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 / Transit	Institution Number	Account Number															
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Credit Union Name: Sydney Credit Union
Mailing Address: 95 Townsend Street Sydney NS B1P 5C9
Locations: Sydney, Sydney River, Whitney Pier, North Sydney

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