ELECTRONIC FUNDS DEPOSIT

My Maxa membership number is _____ 6 2 9 2 7 – 8 7 9
Transit Route

Primary Member Name _____

Joint Member Name (if applicable) _____

Financial Institution Information

For verification purposes, please attach a VOID cheque or a Financial Institution verified document

Name of Financial Institution _____
Branch Address: _____
Street City Prov Postal Code
Account Number to transfer from: _____ __ __ __ __ __ - __ __ __
Account Number Transit Route

Only ONE of Options 1, 2 or 3 below must be completed before signing the authorization

1. Please begin my direct transfer from the above Financial Institution to my MAXA Savings account

New Amount: $_____ Date of First Transfer: _____
***Transfer may take up to 2 weeks to be in effect
Frequency: ☐Weekly ☐Bi-weekly ☐Monthly ☐Other _____

2. Please make changes to my existing direct transfer

I would like to change: ☐Amount ☐Frequency ☐Date of Transfer

Change amount from $_____ to $_____
Change my transfers to: ☐Weekly ☐Bi-weekly ☐Monthly ☐Other _____
Change date of transfer from _____ to _____
DD/MMM/YY DD/MMM/YY

3. Please cancel my direct transfer from _____

Name of Financial Institution

Effect Date: _____ Amount $_____
DD/MMM/YY
Reason:_____

AUTHORIZATION

I understand and agree that I will be responsible for any costs which may be incurred to cancel, recall or stop payment on this Direct Transfer. As well, any charges that result from not stopping this Transfer will be my expense. I/We warrant and guarantee that all persons whose signatures are required to sign on the transfer account have signed this agreement.

I understand that the charge for this service is as follows: $5.00 set up fee / $1.00 per change (addition/deletion)

Date:_____ Signature:_____ Signature: _____