CREDIT UNION	bank to bank funds transfer in agreement
Member Name	Account Number
Please check one of the following: New Applica	ant
Amount: \$	Start date: DD MM YYYY
Frequency (please check one):	
Day of Recurring Transfer:	OR Date of Recurring Transfer:
(Example: transfer to occur on Wed)	(Example: transfer to occur on the 15 th)
Processing Institution Information	
Name of Processing Institution:	
Branch Number: (5 Digits)	Institution Number: (3 Digits)
Account Number to be Debited:	(up to 12 Digits)
I acknowledge that this authorization is provided for the benefit of the Comtech Fire Credit Union Limited (Comtech Fire) and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process Funds Transfer Debits against my account in accordance with the Rules of the Canadian Payments Association.	
I warrant and guarantee that all persons whose signatures are	e required to sign on this account have signed this agreement below.
I hereby authorize Comtech Fire to debit my account with the Processing Institution and transfer funds to the credit of my account number at Comtech Fire as per the information form attached. This pre-authorized debit is a "Funds Transfer PAD" as that phrase is defined in Rule H1 of the Canadian Payments Association.	
This authorization may be cancelled at any time upon notice provide 30 days prior written notice of revocation to Comtech	by myself. I acknowledge that, in order to revoke this authorization, I must Fire.
I acknowledge that provision and delivery of this authorization to Comtech Fire constitutes delivery by myself to the Processing Institution. Any delivery of this authorization to you constitutes delivery by myself.	
The account that Comtech Fire is authorized to draw upon is indicated on the information form attached. A specimen cheque is available for this account has been marked "VOID" and is attached to this authorization.	
I undertake to inform Comtech Fire, in writing, of any change in the account information provided in this authorization prior to the next due date of the Funds Transfer Debit.	
I acknowledge that the Processing Institution is not required to verify that a Funds Transfer PAD has been issued in accordance with the particulars of the Payor's Authorization Agreement including, but not limited to, the amount.	
I acknowledge that the Processing Institution is not required to verify that any purpose of payment for which the Funds Transfer PAD was issued has been fulfilled by Comtech Fire as a condition to honouring a Funds Transfer PAD issued or caused to be issued by Comtech Fire on my account.	
I/we have certain recourse rights if any debit does not comply with this Agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca .	
I have read and understand the above terms and conditions. My void cheque is attached/enclosed.	
Member name:	Signature:
Witness name:	Cianatura
Date:	Phono number:
Signature verified by employee:	Date:

Please print, complete and fax form along with a void cheque to 416-598-0171

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