Sunshine Coast Community Services
Caring since 1974

Authorization Agreement for Direct Withdrawal of Funds

Authorization Agreement

I hereby authorize Sunshine Coast Community Services Society (SCCSS) to initiate automatic withdrawals from my account at the financial institution named below.

I agree not to hold SCCSS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution.

This agreement will remain in effect until SCCSS receives written notice of cancellation.

Account Information

Financial Institution: .....

Branch Address: .....

Name of Account Holder: .....

Bank #: .....

Transit #: .....

Account #: .....

Monthly $ amount *(if applicable)*: .....

Start date:

Withdrawal Date: (Select one) ☐ 1st of the month ☐ 15th of the month

Please designate my gift to: ☐ highest priority need

☐ specific purpose of .....

Authorization

I authorize SCCSS to withdraw the above amount from my account as per the details provided.

Name (please print): .....

Signature of Account Holder: ..... Date: .....

Please attach a VOID cheque or official bank confirmation with this form.