

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.

Further, I agree not to hold SCCSS responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by 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 Amt \$ (if applicable): _____

Start date: _____ / _____
MM/YYYY

1st of month

15th of month

Special instructions: **Building Together**

Name (please print): _____

Signature of Account Holder: _____ Date: _____

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