

LDCU Coverdraft

AUTHORIZATION FORM

Member Information

» Name: _____ » Phone: _____
» Address: _____

Source Account Information (Transfer From)

» Portfolio: _____ » Suffix: _____
» Portfolio: _____ » Suffix: _____

Joint Account?

☐ Yes ☐ No
☐ Yes ☐ No

Recipient Account Information (Transfer To)

» Portfolio: _____ » Suffix: _____
» Portfolio: _____ » Suffix: _____

I/we hereby authorize Ladysmith & District Credit Union to transfer funds from the Source Account(s) above to the linked Recipient Account also identified above for the purpose of processing any cheque(s) or pre-authorized debit(s) against the recipient account in accordance with the Rules of the Canadian Payments Association (CPA).

I/we hereby confirm that the information provided above is true and correct. I/we warrant and guarantee that all persons who are required to sign on the Source Account(s) and the Recipient Account have signed the authorization. If the Source Account(s) is in the name of more than one account holder, we confirm that any one of the account holders is authorized to sign and give instructions on the Recipient Account.

I/we agree to immediately notify Ladysmith & District Credit Union, in writing, of any changes to the account information of the Source or Recipient Accounts.

I/we also agree to pay any applicable service charge per transfer.

Member Authorization (Source Account)

» Name _____ » Date _____
» Signature: _____

Member Authorization (Source Account)

» Name _____ » Date _____
» Signature: _____

Cancellation

» Signature: _____ » Date _____

Entered in system by _____



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Ladysmith & District Credit Union
330 First Ave, Box 430, Ladysmith BC, V9G 1A3

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