



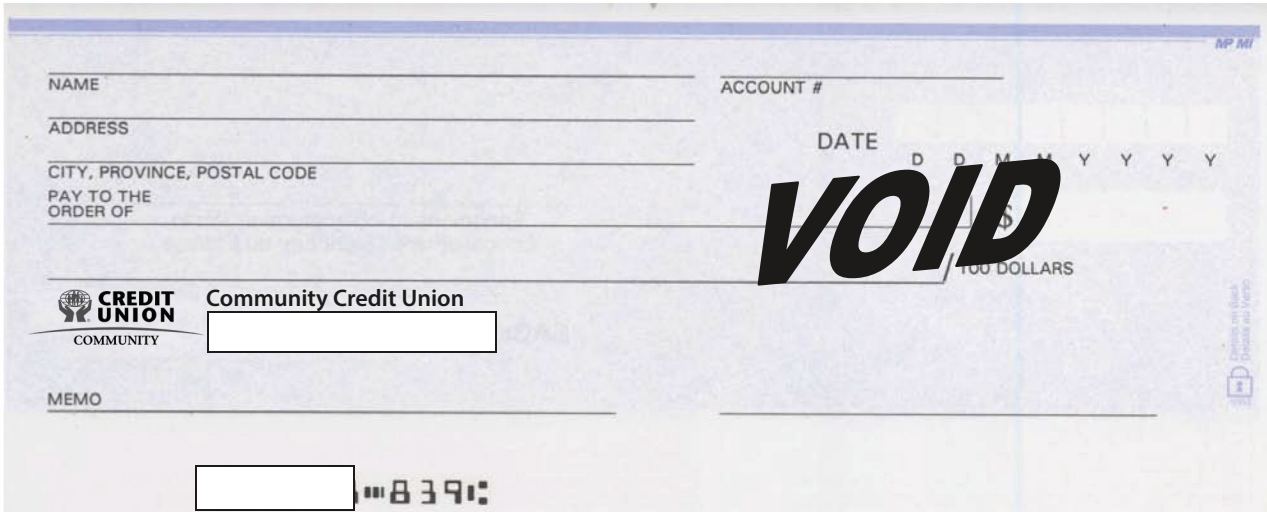
COMMUNITY CREDIT UNION

Member Account Information For Direct Deposit or Pre-Authorized Payment

Banking and Member Information

Branch Address

Transit 839 _____
 Institution Number Account Number



Member Signature

Date

Member Signature

Date

- Member Instructions:**
1. This form provides account information in place of a void cheque and is used when arranging pre-authorized payments or direct deposits.
 2. Please complete all highlighted fields, print and sign. Note – The account number should be your 8-digit chequing account number. Your debit card number is not valid for this purpose.
 3. Upon completion, submit the form to the company initiating the pre-authorized payment or direct deposit along with their application.

Affix Branch Stamp Below

| |
|------------------------|
| Transit |
| Community Credit Union |
| Date: |
| _____ |
| Transit |