



Direct Deposit / Pre-authorized Payment Confirmation

Member Contact Information:

Name: _____
Street Address: _____ Telephone Number: _____
City/Town: _____ Postal Code: _____

Member Banking Information:

Account Number: _____
Transit Number: 87024
Institution Number: 849



Name _____ ACCOUNT NO. _____ DATE 2 0 - -
Address _____ Tel. _____ Y Y Y Y M M D D
City/Town _____ Postal Code _____
PAY TO THE ORDER OF _____ \$

100 DOLLARS Security features included. Details on back.

ADVANCE SAVINGS CREDIT UNION LIMITED
141 WELDON STREET
MONCTON, NB E1C 5W1

MEMO _____ MP



I, the above mention member of Advance Savings Credit Union, authorize a company to deposit / withdraw funds direct to my Credit Union account. I understand that Advance Savings Credit Union is not responsible for verifying the accuracy of these deposits / withdrawals to my member account.

Please sign in the below box, if required:



87024 849
Advance Savings Credit Union
Date Printed:
87024849