



# УКУК

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**UKRAINIAN CREDIT UNION LIMITED**  
**УКРАЇНЬСЬКА КРЕДИТОВА СПІЛКА**

## Consumer Pre-Authorized Debit Authorization Form

Please complete **SECTION 1** to instruct your financial institution to make payments directly from your account. Complete the applicable payment option on the reverse and initial in the box provided. Sign and return the completed form with a blank cheque marked "VOID" to Ukrainian Credit Union Limited.

### SECTION 1—AUTOMATED FUNDS TRANSFER REQUEST PAYEE/CREDIT INFORMATION

Ukrainian Credit Union Limited, 145 Evans Avenue, Suite 300, Toronto, Ontario M8Z 5X8 416.922.2797

ST. MATTHEW ROMANIAN ORTHODOX CHURCH 736074100  
NAME OF ACCOUNT HOLDER ACCOUNT # TO CREDIT

#### DEBIT FINANCIAL INSTITUTION BRANCH (please print)

NAME OF FINANCIAL INSTITUTION

STREET

SUITE/UNIT #

CITY

PROVINCE

POSTAL CODE

TELEPHONE

DEBIT ACCOUNT #

INSTITUTION #

BRANCH

#### ACCOUNT HOLDER (PAYORS) (please print)

Mr.  Mrs.  Ms.  Miss

SURNAME

FIRST NAME

STREET

SUITE/UNIT#

CITY

PROVINCE

POSTAL CODE

TELEPHONE

#### BRANCH USE ONLY

##### New AFT

- 'VOID' cheque attached
- Signature(s) on reverse

##### Purpose of AFT

- Loan payment \_\_\_\_\_  
Loan # \_\_\_\_\_  
Payment date \_\_\_\_\_  
Loan due date \_\_\_\_\_
- Mortgage payment \_\_\_\_\_  
Mortgage # \_\_\_\_\_  
Payment date \_\_\_\_\_  
Mortgage due date \_\_\_\_\_
- Other \_\_\_\_\_

##### Amending AFT due to:

- Change in debit account number \_\_\_\_\_
- Change in financial institution \_\_\_\_\_
- Change in debit amount \$ \_\_\_\_\_
- Change frequency/date in debit \_\_\_\_\_
- Change mortgage/loan due date \_\_\_\_\_
- Other \_\_\_\_\_

#### SYSTEMS USE ONLY

	Initial		Initial
Date entered	_____	Amended	_____
Amended	_____	Amended	_____
Amended	_____	Amended	_____
Amended	_____	Amended	_____
Amended	_____	Cancelled	_____

1. I [We] as the account holder(s), authorize **Ukrainian Credit Union Limited** and the Financial Institution noted on the reverse to debit my [our] account, at the branch of the Financial Institution indicated on the reverse, under terms and conditions agreed to by me [us] with Ukrainian Credit Union Limited until such time as written notice to the contrary is given by me [us] to Ukrainian Credit Union Limited.
2. I [We] warrant that all persons whose signatures are required to sign on this debit account have signed this form below.
3. The branch of the financial institution at which I [we] maintain the account is not required to verify that the payment[s] are drawn in accordance with this authorization.

**MONTHLY**

A debit for a fixed date and frequency with the amount fixed but scheduled to change at a future date agreed to by the Payor.

- A debit, in electronic or other form in the amount of \$ \_\_\_\_\_ may be drawn on my [our] account on the \_\_\_\_\_ [day] of each month, beginning \_\_\_\_\_ which amount may be increased/decreased at a future date as agreed to in writing by me [us]. Ukrainian Credit Union Limited will, to the best of their ability, advise me [us] in writing of the revised amount in advance of the effective date of such increase/decrease.

**WEEKLY/BI-WEEKLY**

A debit for a fixed cycle but a variable date with the amount fixed but scheduled to change at a future date agreed to by the Payor.

- A debit, in electronic or other form in the amount of \$ \_\_\_\_\_ may be drawn on my [our] account every \_\_\_\_\_ [frequency], beginning \_\_\_\_\_ which amount may be increased/decreased at a future date as agreed to in writing by me [us]. Ukrainian Credit Union Limited will, to the best of their ability, advise me [us] in writing of the revised amount in advance of the effective date of such increase/decrease.

4. I [We] will notify Ukrainian Credit Union Limited in writing of any changes in the account information or termination of this authorization at least 14 days prior to the next due date of the pre-authorized debit. I [We] understand that termination of this authorization does not terminate any contract for goods or services that exists between me [us] and Ukrainian Credit Union Limited.
5. Items charged will be reimbursed subject to notification by me [us] to the branch of account within 90 days under any of the following conditions:
  - A. I [We] never provided the authorization to Ukrainian Credit Union Limited.
  - B. The pre-authorized debit was not drawn accordance with this authorization.
  - C. My [Our] authorization was revoked.
  - D. The debit was posted to the wrong account due to invalid/incorrect account information supplied by Ukrainian Credit Union Limited.I [We] understand that a written declaration to the effect that one of [A], [B], [C], [D] took place must be give to my [our] financial institution.
6. I [We] acknowledge that delivery of this authorization to Ukrainian Credit Union Limited constitutes delivery by me [us] to the above-noted financial institution.

\_\_\_\_\_  
SIGNATURE(S) OF DEBIT ACCOUNT HOLDER(S)    DATE

\_\_\_\_\_  
SIGNATURE(S) OF DEBIT ACCOUNT HOLDER(S)    DATE