

PROSPERA CREDIT UNION TRANSFER AGREEMENT

Do Not Fill Out Shaded Section

Branch

Transit Number - 425 -

I hereby authorize an Electronic Transfer of funds as follows:

Type of Transfer

(debit / credit)

PCU Account # and type

Type of payment - code

Please Attach Voided Cheque to This Form

Amount of Transfer \$ _____

Name of Financial Institution _____

Branch Transit # _____

Account # _____

Type of Account _____

Start Date _____ End Date (if applic.) open

Frequency: monthly (weekly/monthly/bi-weekly)

This authorization may be cancelled by me, upon written notice, at least ten days in advance of payment date. I/We authorize and consent to the receipt and exchange of any and all information by the Credit Union including the sharing and exchange of credit information concerning the Account Holder(s) with any credit reporting agency and credit bureau or any person or corporation with whom the Account Holder(s) has or may have financial relations.

NAME _____ DATE _____

Account Holder Signature

Joint Account Holder Signature

REVOCAATION OF AUTHORIZATION

I hereby give notice of cancellation on the above transfer of funds.

Name _____

Signature _____

Date _____