

Banking and Member Information

1726 HWY PO BOX 99 CHURCH POINT NS BOW 1M0

<u>22293</u> Transit	839 Institution Number	Account Number
	Name:	DATE D D M M Y Y Y Y
	MEMO	
Member	signature	Date
Member Signature		Date

Member Instructions:

- 1. This form provides account information in place of a void cheques and is used when arranging pre-authorized payments or direct deposits.
- 2. Upon completion submit the form to the company initiating the pre-authorized payments or direct deposits along with their application.

Affix Branch Stamp Below

22293 839 Transit		
Caisse populaire de Clare		
Date:		
22293 839 Transit		