



Letter of Direction: Pre-Authorized Transaction

Depositor/Biller Info

Company Name
Address
City, Prov, PC
Phone
Account Number, Employee Number, or Reference Number as applicable

Authorization

	Authorization to: Add Cancel Change (redirect to account below)
Member Name	Effective Date:
	Type of Transaction: Direct Deposit
Member Address	I hereby request and authorize the pre-authorized transaction described above.
City, Prov, PC	Signature of Account Holder Date
Member Phone Number	Signature of Joint Account Holder (if applicable) Date

Banking Information

Kindred Credit Union	Attach a VOID cheque or complete the following:
	Transit Code:
	Institution/Bank Code: 828 (Use 0828 when a 4 digit code is required)
Name(s) on account	Account Number: <input type="text" value="0"/> (Please ensure all 10 digits are entered)

Please contact me if you have any questions regarding the changes to my account information.

THANK YOU.