

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:

Member Address

Type of Transaction:

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:
(must be 12 digits)