

**CAMBRIAN DIRECT**

Effective Date:

**\*\*ANY NEW, CHANGE or CANCELLATION FORMS MUST BE SENT IN 5 BUSINESS DAYS PRIOR TO DUE DATE**

New  (\$5.00 fee)

Amendment  (\$2.00 fee)

Cancellation

Type of Change

Existing CD Amount \$

*\*An NSF fee of \$5.00 will be charged*

**DEBIT INFORMATION**

**For verification purposes please attach a personal cheque marked "VOID"**

ACCOUNT NUMBER:

INSTITUTION NAME

INSTITUTION ROUTE NO.

TRANSIT NO.

FIRST NAME:

SURNAME:

FIRST TRANSFER DATE:

AMOUNT:

FREQUENCY:

A-Annual

EXPIRY DATE OR LAST PAYMENT DATE FOR LOAN/MTG PAYMENTS:

TRANSACTION TYPE:

450- Miscellaneous Payments

Each payment shall be treated the same as if I/we had personally issued a written direction authorizing the company to debit the amount specified to my/our account.

1. This authority is to remain in effect until Cambrian Credit Union has received notification from me/us of its change or termination. This notification must be received at least five (5) business days before the next scheduled due date. I/we may obtain a cancellation form, or more information from my/our branch or by completing the bottom portion of this document fully.
2. I/We have certain recourse rights if any debit does not comply with the agreement. For example, I/we have the right to receive reimbursement for any PAD that is not authorized or is not consistent with this PAD agreement. To obtain more information on my/our recourse rights, I/we can contact Cambrian Credit Union or visit [www.cdnpay.ca](http://www.cdnpay.ca).

I (we) warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below and by signing have agreed to the terms/conditions stated above including the noted collection of services fees.

SIGNATURE: \_\_\_\_\_

DATE:

SIGNATURE: \_\_\_\_\_

DATE:

BRANCH CONTACT:

**WAIVER OF PRE-NOTIFICATION (Does not apply to sporadic PADS)**

I/We waive any and all requirements for pre-notification of debiting, including, without limitation, pre-notification of any changes in the amount of the PAD due to a change in any applicable tax rate, top-up, or adjustment.

SIGNATURE: \_\_\_\_\_

DATE:

SIGNATURE: \_\_\_\_\_

DATE:

**CREDIT INFORMATION**

BRANCH:

INSTITUTION ROUTE NO.

TRANSIT NO.

ACCOUNT NO.

ACCOUNT TYPE:

FIRST NAME:

LAST NAME:

**AUTHORIZATION TO CANCEL**

This automatic transfer may be cancelled at any time upon written notice to Cambrian Credit Union.

EFFECTIVE DATE OF CANCELLATION: REASON:

**(A MINIMUM OF 5 BUSINESS DAYS NOTICE MUST BE GIVEN PRIOR TO THE NEXT DUE DATE.)**

SIGNATURE: \_\_\_\_\_

DATE:

SIGNATURE: \_\_\_\_\_

DATE:

**FORWARD CANCELLATION TO CENTRALIZED SERVICES, 255 MARION STREET.**

**CONTACT INFORMATION:** Cambrian Credit Union Limited 1-1085 Ellice Ave, Winnipeg, MB R3G 0E2  
204-925-2727/888-695-8900 [ccuinfo@cambridian.mb.ca](mailto:ccuinfo@cambridian.mb.ca)