



PRE-AUTHORIZED PAYMENT AGREEMENT  
CREDIT VANCITY

My/Our account to be credited at VanCity is Account Number \_\_\_\_\_ Branch Number \_\_\_\_\_

Account to be debited is at: \_\_\_\_\_

For the purpose of my/our  Loan Payment  Other \_\_\_\_\_ (specify)

The credit is for the amount of \$ \_\_\_\_\_ and is to be drawn on the account:

- Weekly -W
- Bi-weekly - B
- Monthly - M
- Last Day of Month - M
- Quarterly - Q
- Semi-Annually - S
- Annually
- Teachers Ten Month Payment Schedule Dormant Start August End September

Beginning (yy/mm/dd): \_\_\_\_\_ Ending (yy/mm/dd): \_\_\_\_\_

Account Type:  Loan Number \_\_\_\_\_  Other \_\_\_\_\_ (specify)

**VanCity OFFICE USE ONLY**

- SET UP**  Please set up the above Pre-Authorized Payment (PAP) effective immediately.
- AMEND**  Please amend the member's existing Pre-Authorized Payment (PAP). The new amount of \$ \_\_\_\_\_ on a \_\_\_\_\_ basis, starting (yy/mm/dd) \_\_\_\_\_ expiring on (yy/mm/dd) \_\_\_\_\_
- CANCEL**  Please cancel the member's existing Pre-Authorized Payment (PAP) in the amount of \$ \_\_\_\_\_ effective immediately.

X \_\_\_\_\_  
VanCity Authorized Signature

TAPE VOIDED CHEQUE HERE (DO NOT STAPLE)

Complete this section **ONLY IF** the name(s) on the account to be debited and the account to be credited **ARE DIFFERENT**.

I/We \_\_\_\_\_ authorize Vancouver City Savings Credit Union ("VanCity") to debit my/our account at \_\_\_\_\_

\_\_\_\_\_ for the amount of \$ \_\_\_\_\_

- Weekly -W
- Bi-weekly - B
- Monthly - M
- Last Day of Month - M
- Quarterly - Q
- Semi-Annually - S
- Annually
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And to credit Account Number \_\_\_\_\_ Branch Number \_\_\_\_\_

This authorization is for the period (yy/mm/dd) \_\_\_\_\_ to (yy/mm/dd) \_\_\_\_\_ inclusive.

X \_\_\_\_\_ X \_\_\_\_\_  
Member's Signature Witness Signature Date Signed

X \_\_\_\_\_ X \_\_\_\_\_  
Member's Signature Witness Signature