



CONSUMER PRE-AUTHORIZED DEBIT PLAN AUTHORIZATION

Client _____ Transaction _____

We the undersigned authorize Consolidated Credit Union Ltd., herein called "the Credit Union", to debit my/our account at the Financial Institution indicated, under the terms and conditions agreed to by me/us with the Credit Union until such time as written notice to the contrary is given by me/us to the Credit Union.

Name of Financial Institution: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Institution ID

Branch Number

Account # to be debited

Amount of Debit

Withdrawal Frequency

Start Date

We have read and understood the terms and conditions and hereby accept them as a condition of my/our participation in the Credit Union's Consumer Pre-Authorized Debit Plan.

Member's Last Name _____ Member's First Name _____

Address: _____

Home Phone # _____

Loan #/Account to be Credited: TWIN SHORES CAMPGROUND

Signature of Member/Account Holder _____ Date _____

Signature of Member/Account Holder _____ Date _____

(Joint account all signatures required)

Financial institution—attach a blank "voided" cheque