



Rosenort Credit Union

CAFT Pre-authorized Debit Form

Use this form when transferring from another financial institution to Rosenort Credit Union

Transfer From: (Payor Information)

Name(s) of Account Holders: _____

Financial Institution: _____

Institution Address: _____

Phone: _____

Account Information: (Please enclose cheque marked "void")

Route: _____ Transit: _____

Account Number: _____

Transfer To: (Payee Information)

Name: _____

Account Number: _____

Financial Institution:

Rosenort Credit Union Limited
 Box 339, Rosenort, MB R0G 1W0
 Route/Transit: 879-10157
 Phone: 746-2355 Fax: 746-2541

Transfer Information:

Frequency: _____ Start Date: _____

Amount: _____ End Date: _____

Purpose: _____

I/We hereby authorize Rosenort Credit Union Limited to process a regular automatic transfer of funds as detailed above, subject to the terms and conditions on reverse.

If two or more signatures are required for the account, then both or all signatures are required on this form.

Signature of Payor Account Holder

Date

Signature of Payor Account Holder

Date

Internal Use Only	Date Keyed	Keyed By	Verified By	Next Pmt Date	Comments
				As above	Initial Setup

AUTHORIZATION

TERMS AND CONDITIONS

1. I (We) as the Applicant(s) and Account Holder(s)/Payor(s) hereby authorize the Rosenort Credit Union Limited (the Credit Union) as Payee through its agent Co-operative Credit Society of Manitoba Limited (Central) and the above noted Financial Institution to debit My (Our) account at the above indicated branch of the Financial Institution, under the Terms and Conditions of the Credit Union's pre-authorized debit plan agreed to by Me (Us) and the Credit Union. I (We) acknowledge receiving a copy of the customer's pre-authorized debit plan. The branch of the financial institution at which I (We) maintain the account is not required to verify that the payment(s) are drawn in accordance with this authorization.

2. We agree a debit in paper, electronic or other form in the amount indicated above may be drawn on My (Our) account as dated above which amount may be increased/decreased at a future date as agreed to in writing by Me (Us). The Credit Union as Payee will to the best of its ability advise Me (Us) in writing of the revised amount in advance of its effective date.

3. The Applicant further agrees that the issue of each pre-authorized Debit by the Credit Union pursuant to this authorization shall be deemed to be issued as though the pre-authorized Debit were signed by the Applicant and shall be acted upon in the same manner as if it were a written direction signed by the Applicant.

4. The Applicant agrees and acknowledges that Central, on behalf of the Credit Union, will process the pre-authorized debits and deliver the debits through and in compliance with the by-laws and regulations of the Canadian Payments Association governing pre-authorized debits.

5. This authorization may be cancelled at any time by Me (Us). I (We) will notify the Credit Union as Payee in writing of any change in the Financial Institution or account information or termination of this agreement at least 10 days prior to the next due date of the pre-authorized debit. Revocation of this agreement does not in any way terminate any other obligation(s) between the Applicant(s) and the Credit Union.

6. Any and all notices required will be sent to the addresses provided herein.

7. The Applicant(s) may apply in writing to the Financial Institution for reimbursement of the debit if the debit is disputed.

Items charged will be reimbursed by the Financial Institution, subject to notification by the Applicant(s) to the Branch holding the account within 90 days of the transaction date subject to meeting any of the following conditions.

- (a) I (We) never provided the authorization to the Credit Union.
- (b) The pre-authorized debit was not drawn in accordance with this authorization.
- (c) My (Our) authorization was revoked.
- (d) The debit was posted to the wrong account due to invalid/incorrect account information supplied by the Credit Union.

I (We) understand that a written declaration to this effect must be given by Me (Us) to My (Our) Financial Institution.

8. I (We) the Applicant(s) hereby acknowledge that I (We) have read and understand and agree to the Terms and Conditions as contained herein.

9. I (We) warrant that all persons whose signatures are required to sign on the account at My (Our) Financial Institution have signed the agreement below.

10. I (We) acknowledge that delivery of this authorization to the Credit Union as Payee constitutes delivery by Me (Us) to the above noted Financial Institution.

CANCELLATION:

I (We) wish to terminate this Pre-Authorized Debit Authorization Agreement, effective, _____

Signature of Payor Account Holder

Signature of Payor Account Holder

Date