

# FLEX FIRST - BANK CHANGE AUTHORIZATION FORM



Agreement  
No(s): \_\_\_\_\_

Subscriber(s) Name: \_\_\_\_\_

Bank Change Effective: \_\_\_\_\_ / \_\_\_\_\_ Ongoing Contribution Date: \_\_\_\_\_  
(Month) (Year) (DD from 1-28)

DEPOSIT FREQUENCY:  Monthly  Bi Weekly  Semi Monthly  Annual  One-time

Please allow a minimum of 10 business days prior to the scheduled Pre-Authorized Withdrawal Date for the new bank account change to be in effect. Please complete one applicable section below. In the event that this request is received after the 10 business days, the bank change will be effective for the following month.

Please accept this as authorization to change the bank account from which the contributions are to be withdrawn. I/we acknowledge that these contributions will be applied towards the above noted agreement(s). I/we have attached a new pre-printed void cheque in Section 3 of this form.

**Section 1: To be signed if the Subscriber(s) is the Account Holder(s):**

\_\_\_\_\_  
Signature of Subscriber Date

\_\_\_\_\_  
Signature of Joint Subscriber (If Applicable) Date

OR

**Section 2: To be signed by the Subscriber(s) and the authorized Account Holder(s) (If not the Subscriber).**

Account Holder Name(s): \_\_\_\_\_

\_\_\_\_\_  
Signature of Account Holder Date

\_\_\_\_\_  
Signature of Joint Account Holder (If Applicable) Date

Please accept this as authorization to change the bank account from which the contributions are to be withdrawn from. I acknowledge that these contributions will be applied towards the above noted agreement(s).

\_\_\_\_\_  
Signature of Subscriber Date

\_\_\_\_\_  
Signature of Joint Subscriber (If Applicable) Date

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**Section 3:** Please attach a sample cheque marked "void" in the box below.

If a pre-authorized debit is returned to the Depository by the bank for reason of non-sufficient funds, the bank may, at the suggestion of the Depository, draw on the bank account indicated above within thirty days of such return, any amount outstanding.

## ATTACH VOID CHEQUE

If a sample cheque is not available the following section must be completed in type written form

**Bank Name:** \_\_\_\_\_

  

<b>Transit Number</b>	<b>Bank Number</b>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

  

**Account Number**

Agreement No(s): \_\_\_\_\_

\_\_\_\_\_

Subscriber(s) Name: \_\_\_\_\_