

Authorization to transfer funds by way of preauthorized debit for Vancity

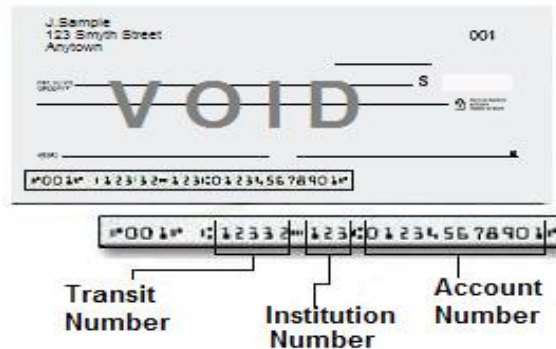
Instructions:

1. Complete form.
2. Fax the form to: 604.877.4990 or 1.866.232.8472, or
Mail to: Vancity Card Services, PO Box 8000 Stn Terminal, Vancouver BC, V6B 4E2

Section 1 – Primary Cardholder Information		
First Name	Last Name	Visa Card Number

Section 2 – Financial Institution Information			
Financial Institution Name		Payment Amount	
		<input type="checkbox"/> Minimum Payment <input type="checkbox"/> Full Payment <i>Vancity chequing accounts only</i>	
Transit Number	Institution Number	Account Number	
Apt/Unit Number	Street Address / PO Box		
City	Province	Country	Postal Code

- Attach VOID Cheque Here -



Section 3 – Terms and Conditions
<p>1. Scope I/We acknowledge that this authorization is provided for the benefit of Vancouver City Savings Credit Union (“Vancity”) and my/our other financial institution, named below. This authorization is provided so that my/our other financial institution will process debits against my/our account, specified below (the “Other Account”), in accordance with the rules of Payments Canada. Payments Canada rules also dictate that the “Other Account” cannot be another credit facility.</p>

Section 3 – Terms and Conditions

2. Authorization

I/We authorize Vancity to draw on the Other Account on a monthly basis to pay the Vancity Visa account referenced above (each draw referred to herein as an “Automatic Payment”). A void cheque of my/our Other Account is affixed to this authorization to facilitate ease of detailed account information identification. I/we are entering into this authorization for personal purposes.

3. Signatures

I/We warrant and guarantee that all persons whose signatures are required to sign for the Other Account have signed this agreement below. I/We understand that by giving this authorization to Vancity I/we am/are also delivering it to my/our other financial institution.

4. Changes in account information

If the Other Account information changes, I/we will inform Vancity in writing at least ten (10) business days prior to the due date of the next Automatic Payment.

5. Payor account eligibility

I/We understand Automatic Payments can be made from any eligible Canadian financial institution drawn in Canadian funds only. I/We am/are responsible to verify if my/our other financial institution allows pre-authorized debits and to confirm if any charges apply. Vancity does not charge for this service.

6. Cancellation of agreement

I/We may revoke this Automatic Payment authorization at any time by providing to Vancity written or oral notice, with proper authorization to verify the identity of the Vancity Cardholder, at least five (5) business days before the next Automatic Payment is due. I/We may obtain a sample cancellation form, or obtain further information on my/our right to cancel this authorization, at my/our other financial institution or by visiting www.payments.ca.

7. Agreement to pay Vancity

I/We agree that revocation of this authorization does not terminate the requirement to pay the Vancity Visa account referenced above in accordance with the terms of the Vancity Credit Card Agreement (for Personal Use) and that this authorization applies only to the method of payment.

8. Disputes/Reimbursement

I/We have certain recourse rights if any debit does not comply with this authorization. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this authorization. To obtain more information on my/our recourse rights, I/we may contact my/our other financial institution or visit www.payments.ca.

I/We acknowledge that in order to apply for reimbursement I/we must complete a declaration and present it to my/our other financial institution within 90 calendar days after the date the disputed Automatic Payment was made.

I/We acknowledge that if I/we dispute an Automatic Payment after 90 calendar days of the date it was made the dispute must be resolved with Vancity and not with my/our other financial institution.

9. Dishonored or non-sufficient funds

If the Automatic Payment is returned for any reason, I/we must make alternate arrangements to make the minimum payment according to the Vancity Credit Card Agreement (for Personal Use). In the case of a returned Automatic Payment due to nonsufficient funds, I/we understand that a charge will apply, and that the amount of the charge is stated in the disclosure statement. I/We also understand that my/our other financial institution may also levy a charge for returned payments.

I/We understand that after two (2) consecutive returned Automatic Payments due to nonsufficient funds, this Automatic Payment authorization will be cancelled without prior notification from Vancity.

10. Responsibility

I/We acknowledge that my/our other financial institution is not required to verify that an Automatic Payment has been issued in accordance with this agreement. I/We acknowledge that my/our other financial institution is not required to verify that any purpose of payment for which the Automatic Payment was issued has been fulfilled by Vancity as a condition to honouring an Automatic Payment issued or caused to be issued by Vancity on the Other Account.

Section 3 – Terms and Conditions

11. Indemnity

I/We undertake and agree to hold harmless and to indemnify Vancity against all loss, costs, fees, damages, expenses, liability, claims, suits and demands whatsoever that Vancity may suffer, incur, or be under or that may be made or brought against you, by whomsoever made or brought, by reason or in any way arising out of the action in drawing and issuing any debit issued by me/us.

12. Disclosure of information consent

I/We agree that any personal information contained in this authorization form or in respect of the Other Account may be disclosed to financial clearing institutions in order to process the Automatic Payment. Any disclosure will follow the rules of Payments Canada.

13. Effective date

I/We understand that Payments will begin on my/our first Vancity Visa statement due date after this authorization has been processed and that Automatic Payments will continue thereafter on each Vancity Visa monthly statement due date.

14. Waiver of Pre-Notification

The Vancity Visa statement minimum payment or the full balance will vary each month. I/We agree to waive any requirement for pre-notification of the variable amounts of the monthly Automatic Payments.

15. Contact Vancity

For any questions about this authorization, contact Vancity at 604-877-4999 or toll-free at 1-800-611-8472 or PO Box 8000 Stn Terminal, Vancouver BC, V6B 4E2, Attention: Vancity Card Services

Section 4 – Authorized Signatures

I/We acknowledge that I/we have read and agreed to the terms and conditions of using the Automatic Payment service.

I/We request Vancity Visa Automatic Payments to be drawn on the account named above. A specimen cheque for this account has been marked "VOID" and attached to this authorization.

Authorized Signature	Authorized Name
X	Date (yyyy-mm-dd)
Authorized Signature	Authorized Name
X	Date (yyyy-mm-dd)

Internal Use Only

Branch Number	Employee Number
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