



Account No. _____	<input type="checkbox"/>	New Enrollment
Branch No. _____	<input type="checkbox"/>	Advice of Change

PAYEE - SURNAME	GIVEN NAME	INITIAL
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PAYEE - MAILING ADDRESS - STREET
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P.O. BOX		TELEPHONE (WORK) (       )
CITY, PROVINCE	POSTAL CODE	TELEPHONE (HOME) (       )

**PART 2: TO BE COMPLETED FOR NEW ENROLLMENT OR CHANGE OF ACCOUNT INFORMATION**

FINANCIAL INSTITUTION NAME AND ADDRESS (STAMP MAY BE USED)	DIRECT DEPOSIT ROUTING NUMBER		
	BRANCH	TRANSIT	ACCOUNT NUMBER
	ACCOUNT NAME		

**PAYEE AUTHORIZATION**

I/We hereby authorize League Savings and Mortgage Company to use a direct deposit system, to make deposit payments directly to the account described above, until notice in writing to stop the direct deposits and to cancel this authorization is received by the company.

\_\_\_\_\_ \* SIGNATURE OF PAYEE

Date \_\_\_\_\_

\_\_\_\_\_ \* SIGNATURE OF PAYEE

**\* This authorization must be signed in accordance with the signing authority required on the account.**