

PRE-AUTHORIZED DEBIT PLAN

Authorization of the Account Holder(s) to the undernoted Payee to Direct Debit an Account.

Payee:

LEAGUE SAVINGS AND MORTGAGE

6074 Lady Hammond Rd.
Halifax, N.S.
B3K 2R7
Phone 902-453-0680

For Credit To _____ (Type of Account)

Plan/Member No. _____

Please complete all sections to instruct your financial institution to make payments directly from your account. Please attach a blank cheque marked "VOID" (shows Branch & Institution Numbers).

ACCOUNT HOLDER(S)

Surname	Given Name
Address	
Postal Code	

FINANCIAL INSTITUTION AND BRANCH

Name of Financial Institution		
Address		
		Postal Code
Branch No.	Institution No.	Account No.

I (we) as the account holder(s), authorize the Payee and the above-noted financial institution to debit my (our) account, at the above indicated branch of the financial institution, under terms and conditions agreed to by me (us) with the Payee until such time as written notice to the contrary is given by me (us) to the Payee.

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.

"A debit, in paper, electronic or other form in the amount of \$_____ may be drawn on my (our) account on the _____(Date) of each _____, beginning _____."

I (we) will notify the Payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged will be reimbursed subject to notification by me (us) to the branch account within 90 days under any of the following conditions:

- a) I (we) never provided the authorization to the Payee.
- 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- c) My (our) authorization was revoked.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 Payee.

I (we) understand that a written declaration to this effect must be given to my (our) financial institution.

I (we) understand that delivery of this authorization to the Payee constitutes delivery by me (us) to the above-noted financial institution.

Signature(s) of Account Holder(s)

Date

Signature(s) of Account Holder(s)

Date