



TEACHERS PLUS

Member Account Information For Direct Deposit or Pre-Authorized Payment

Banking and Member Information

Member Name

<u>82883</u>	<u>839</u>	<input type="text"/>
Transit	Institution Number	Account Number

NAME ACCOUNT #

ADDRESS

CITY, PROVINCE, POSTAL CODE

PAY TO THE ORDER OF

DATE D D M M Y Y Y Y

VOID

TEACHERS PLUS CREDIT UNION
16 - 36 Brookshire Court, Bedford, NS B4A 4E9

MEMO

82883 839

Member Signature _____

_____ Date

Member Signature _____

_____ Date

- Member Instructions:**
1. This form provides account information in place of a void cheque and is used when arranging pre-authorized payments or direct deposits.
 2. Upon completion, submit the form to the company initiating the pre-authorized payment or direct deposit along with their application.

Affix Branch Stamp Below

<p>82883 839 Transit</p> <p>Teachers Plus</p> <p>Credit Union Date: _____</p> <p>82883 839 Transit</p>
