

ELECTRONIC FUNDS DEPOSIT

My Maxa membership number is	6 <u>2 9 2 7 - 8 7 9</u> Transit
Primary Member Name	
Joint Member Name (if applicable)	
Financial Institution Information For verification purposes, please attach a VOID cheque or a Financial Institution Information	ancial Institution verified document
Name of Financial Institution Branch Address:	
Account Number to transfer from:	City Prov Postal Code mber Transit Route
Only ONE of Options 1, 2 or 3 below must be completed before s	
1. Please begin my direct transfer from the a Savings account	above Financial Institution to my MAXA
New Amount: \$ Date of Fire	rst Transfer:
New Amount: \$ Date of First Transfer: ***Transfer may take up to 2 weeks to be in effect Frequency: □ Weekly □ Bi-weekly □ Monthly □ Other	
I would like to change: Amount Frequent Change amount from \$ to \$ Change my transfers to: Weekly Change date of transfer from DD/MMM/YY DD/MMM/YY	Bi-weekly □ Monthly □ Other
3. Please cancel my direct transfer from Amount S	Name of Financial Institution
Reason:	
AUTHORIZATION I understand and agree that I will be responsible for any compayment on this Direct Transfer. As well, any charges that I/We warrant and guarantee that all persons whose signate signed this agreement.	t result from not stopping this Transfer will be my expense.
Date: Signature:	Signature: