

Use this form to advise your payment company to either change existing pre-authorized transactions, or set-up new pre-authorized transactions (i.e., withdrawals or deposits) from or to your Scotiabank account.

To:

(INSERT NAME OF BILL ISSUING COMPANY, CABLE SUPPLIER, INSURANCE, ETC.)

Customer Information

CUSTOMER NAME(S)		TELEPHONE NO.
ADDRESS		
CITY	PROVINCE	POSTAL CODE

Pre-authorized Transaction Information

COMPANY NAME	ACCOUNT / POLICY NO.
PAYMENT AMOUNT \$	PAYMENT DATE

Bank Account Information

INSTITUTION	NUMBER	12 DIGIT ACCOUNT NUMBER	
THE BANK OF NOVA SCOTIA	002	<input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
Company Processing Instructions >		Enter as TRANSIT No.	Enter as ACCOUNT No.
BRANCH ADDRESS P.O.BOX 8801 POSTAL STATION "A" ST. JOHN'S NL			

I authorize the Company and Scotiabank to debit or credit (as applicable) my bank account for payment as indicated above. I understand that Scotiabank is not responsible for verifying these payments from or to my account. I will notify the Company promptly in writing if I close or make other changes to my account. I may cancel this authorization at any time in writing to the Company. However, I am still responsible for my contract obligations to the Company.

Authorized by: _____ / _____
SIGNATURE(S)

DATE

Note: Forward this completed form to the Company and keep a copy for your records. If you are unsure or not the Company will act on these instructions, please contact them to confirm.