

To: **Sarcee Meadows Housing Co-operative Ltd.**

Automated Funds Transfer Authorization for Housing Charges & Parking.

I agree to participate in this Automated Funds Transfer (AFT) plan and I authorize Sarcee Meadows Housing Co-operative Ltd. to draw a debit, in paper electronic or other form (a "Pre-Authorized Debit") on my account indicated below at the Financial Institution branch indicated below and hereby direct the Financial Institution to honor such debit for purposes of obtaining payment of the my monthly housing charge and any parking rental payment I may have to Sarcee Meadows Housing Co-operative Ltd.

I may revoke this Authorization at any time by delivering a written notice of revocation to Sarcee Meadows Housing Co-operative Ltd. at least 14 days prior to the first day of the next month due date of the Pre-Authorized debit.

I agree that the Financial Institution is not required to verify that any pre-authorized debit has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of purpose of any pre-authorized debit. By delivering this Authorization to Sarcee Meadows Housing Co-operative Ltd. it constitutes delivery by me to the Financial Institution.

I will inform Sarcee Meadows Housing Co-operative Ltd. of any change in the Account information provided in this Authorization 14 days prior to the first day of the next month due date of the Pre-Authorized Debit.

I understand and agree to the terms and conditions outlined above.

Dated this ____ day of _____, 20 ____ at Calgary, Alberta.

Member _____ Unit # _____

Signature _____

Commencing _____, 20 ____ and on the first day of each month following.

Amount of the Pre-Authorized Debit \$ _____ until further notice by SMHC.

Financial Institution Transit Route _____
Transit (5 digits) _____ Route (3 digits) _____

My Account Number _____

PLEASE ATTACH A VOID CHEQUE.

To: **Sarcee Meadows Housing Co-operative Ltd.**

Automated Funds Transfer Authorization for Purchase Account.

I agree to participate in this Automated Funds Transfer (AFT) plan and I authorize Sarcee Meadows Housing Co-operative Ltd. to draw a debit, in paper electronic or other form (a "Pre-Authorized Debit") on my account indicated below at the Financial Institution branch indicated below and hereby direct the Financial Institution to honour such debit for purposes of obtaining payment of the my purchase account payment I may have to Sarcee Meadows Housing Co-operative Ltd.

I may revoke this Authorization at any time by delivering a written notice of revocation to Sarcee Meadows Housing Co-operative Ltd. at least 14 days prior to the next month due date of the Pre-Authorized debit.

I agree that the Financial Institution is not required to verify that any pre-authorized debit has been drawn in accordance with this Authorization, including the amount, frequency and fulfillment of purpose of any pre-authorized debit. By delivering this Authorization to Sarcee Meadows Housing Co-operative Ltd. it constitutes delivery by me to the Financial Institution.

I will inform Sarcee Meadows Housing Co-operative Ltd. of any change in the Account information provided in this Authorization 14 days prior to the first day of the next month due date of the Pre-Authorized Debit.

I understand and agree to the terms and conditions outlined above.

Dated this ____ day of _____, 20 ____ at Calgary, Alberta.

Member _____ Unit # _____

Signature _____

Date of first withdrawal: _____, 20 ____ and on the same day in each subsequent month until _____, 20 ____ .

Amount of the Pre-Authorized Debit \$ _____

Financial Institution Transit Route _____
Transit (5 digits) Route (3 digits)

My Account Number _____

PLEASE ATTACH A VOID CHEQUE.