

**WELL LOAN PROGRAM  
PRE-AUTHORIZED PAYMENT APPLICATION**

NAME: \_\_\_\_\_

PROPERTY ACCOUNT #: \_\_\_\_\_

**Financial Institution to be Debited:**

Bank Account Number: \_\_\_\_\_ Branch: \_\_\_\_\_ Transit: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**A VOIDED CHEQUE IS REQUIRED**

**Account Holder Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Amt. of Withdrawal: \_\_\_\_\_ (as per contract)

Start Date: \_\_\_\_\_

I/We hereby authorize Coastal Financial Credit Union to make withdrawal payments directly from the account described above.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

(If a joint account is being used, all signatures are required.)

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Please return completed form and voided cheque to:

e-mail: [taxation@munargyle.com](mailto:taxation@munargyle.com)

or Fax: 902-648-0367

or by mail: PO Box 10 Tusket NS B0W 3M0

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