## PRE-AUTHORIZED DEBIT PLAN

Authorization of the Account Holder(s) to the undernoted Payee to Direct Debit an Account.

Payee: LEAGUE SAVINGS AND MORTGAGE				For Credit To			(Type of Account)	
6074 Lady Hammond Rd. Halifax, N.S. B3K 2R7 Phone 902-453-0680			Plan/Member No				(ccount)	
Please complete all sect account. Please attach a							your	
ACCOUNT HOLDER(S)  Surname Given Name			٦	FINANCIAL INSTITUTION AND BRANCH Name of Financial Institution				
Given Name				Name of Final	iciai mstitution			
Address				Address				
							Postal Code	
		Dantal Cada		Book No. Hooding a No.		Account No.		
		Postal Code		Branch No.	Institution No.	Account	NO.	
The branch of the financia are drawn in accordance was a debit, in paper, electron the(Date)  I (we) will notify the Payee prior to the next due date of the standard will be reim.	with this authoric or other for of each in writing of the pre-au	orization.  orm in the am  any changes  uthorized debi	nount of, begines in the a	\$inning	may be drawn o	on my (our) a " of this autho	ccount on orization	
<ul> <li>the following conditions:</li> <li>a) I (we) never provided to the pre-authorized decorate of the pre-authorization do the debit was posted</li> </ul>	bit was not o was revoke	drawn in acco d.	ordance			supplied by th	ne Payee.	
I (we) understand that a w	ritten declar	ation to this e	ffect mu	ıst be given t	o my (our) financial i	nstitution.		
I (we) understand that deli financial institution.	very of this a	authorization t	to the Pa	ayee constitu	ites delivery by me (ι	us) to the abo	ove-noted	
Signature(s) of Account He	older(s)		-	Date				

Date

Signature(s) of Account Holder(s)