



RECURRING TRANSFER/OVERDRAFT COVERAGE AUTHORIZATION

Branch: _____

Date: _____

Recurring Transfer Overdraft Coverage

Customer Name		From: _____ Account No. A/C Type		To: _____ Account No. A/C Type		UAT Auto # (if applicable)	
Commencing Date	Expiry Date	<input type="checkbox"/> OR UNTIL WRITTEN NOTICE OF CANCELLATION OF THIS AUTHORITY IS RECEIVED BY THE BANK					
Amount		OR		Frequency		Day	
		<input type="checkbox"/> Interest only <input type="checkbox"/> All loans and leases as required <input type="checkbox"/> Overdraft amount only					
COMMENTS							
<p>This is your authority to transfer funds as indicated within this authority. It is agreed that CANADIAN DIRECT FINANCIAL a division of CANADIAN WESTERN BANK may debit its usual charges for this service from the "Transfer from Account" which the undersigned hereby agree(s) to pay.</p>				<p>Please cancel my/our authority to transfer funds as stated on this form.</p>			
<p>_____ Customer Signature</p>				<p>_____ Customer Signature</p>			
<p>_____ Date</p>				<p>_____ Date</p>			
<p>_____ Customer Signature</p>				<p>_____ Customer Signature</p>			