



Owner Authorization Form

Please fax to: 1-506-384-1885

Switch Kit

Owner Information

First Name _____
Please Print

Last Name _____

Address _____

City _____ Province _____

Postal Code _____

Date _____

Tel: Work _____ Ext. _____

Tel: Home _____

SPECIAL INSTRUCTIONS:

Advance Savings Account Information

New Account No.

87024	849	
TRANSIT NO.	INST.NO.	ACCOUNT NO.

Branch Name _____

Address _____

Branch Contact Information

Staff Contact Name _____

E-mail _____

Phone _____ Ext. _____ Fax _____

IMPORTANT - Service will be delayed if any information is missing.

Phone Appointment Preferences (Please allow two business days from time of faxing the Switch Kit)

1. The best date/day (Monday to Friday) for a CSR to call: _____ / _____ / _____ or day of week _____
DD MM YYYY

2. The best time period to call: (note: all times local)

- 8:00am-10:00am 10:00am-12:00pm 12:00pm-2:00pm 2:00pm-4:00pm 4:00pm-6:00pm 6:00pm-8:00pm

3. Where: at work at home

Balance of Account Transfer

I (we) give Advance Savings Credit Union authorization to close my account at _____ and forward the balance to my Advance Savings Credit Union account on my behalf, once all of my pre-authorized transactions have been transferred to my Advance Savings Credit Union account.

Other Financial Institution Account Number

TRANSIT NO.	INST.NO.	ACCOUNT NO.

Member Authorization

By signing below, I authorize Advance Savings Credit Union or its agent to: (a) use this information and my authorizing signature to complete the Switch Kit process; (b) contact me to gather my pre-authorized transaction information; (c) notify billers, on my behalf, of a change to my account information in order to transfer my pre-authorized transactions to the above designated account; (d) effect the transaction(s) referred to in this authorization form and such other transactions as I may subsequently authorize (verbally or otherwise) and, if applicable, to close my prior account(s) noted above and direct the applicable institution to forward the balance in my prior account to my Advance Savings Credit Union account on my behalf. In addition, I understand that Advance Savings Credit Union and its agents are not responsible for verifying these transactions.

Member Signature(s) _____

RESET

Questions? We're here to help. Call 1-506-384-1880