

Achieva Automated Savings Program Form

Instructions:

To have funds automatically transferred from another financial institution to your Achieva account complete this form. Fax completed form to **1-204-231-5096** or mail to **Achieva Financial, PO Box 2729 Stn Main, Winnipeg, MB R3C 4B3.**

Please complete the following:

*** Allow 5 business days for transfer to be set up.**

Institution Name: **Achieva Financial**

Transit No. **00987- 879**

Account No.

Account Type: **Savings**

First Name:

Last Name:

1. Are you creating a new Achieva Direct transfer or changing an existing Achieva Direct?

New transfer - go to question 3

Change existing transfer - go to question 2

2. Type of Change: Amount Credit Info Debit info Date/Frequency

3. Date of first transfer: (more than 5 business days of form being submitted)

4. Amount of transfer: \$

5. Frequency of transfer: Weekly Bi-Weekly Monthly Semi-Monthly

6. You must fax a copy, or mail a voided cheque from the account you would like to draw the funds from.

7. If the account of origin requires two signatures both need to sign this form to authorize the transfer

Each payment shall be treated the same as if I/we had personally issued a written direction authorizing the company to debit the amount specified to my/our account. This authorization is to remain in effect until cancelled in writing by me/us. I/We warrant and guarantee that all persons whose signatures are required to sign on this account have signed this agreement below.

Signature

Signature

Debit Information (Office Use Only)

Account Number:

Institution Name:

Institution Route No.

Transit No.

First Name: _____

Surname: _____

Cancellation (Office Use Only)

Effective Date Of Cancellation:

Reason

Credit Union Signature: _____