## **Pre-Authorization Chequing**

Personal	Inforn	nation			
Name					
Address		City	F	Province	Postal Codes
		w is authorized and requested to e to Western Financial Group for			e with this agreement
Bank or F	inanci	al Institution Informa	ation		
Name of Bank or	Financial Ins	stitution			
Branch Address		City	F	Province	Postal Codes
		theque or debit shall be the same as if I/vation to you constitutes delivery by me/u		cheque.	
<ul><li>This authoriz</li><li>I/We will ens</li></ul>	ation can be ure that fun	e cancelled by me/us at any time upon w ds are available to cover the amount of charged to each (P.A.C.) returned for no	ritten notice. withdrawal, as notified to	me/us by Wes	stern Financial Group.
·		3	, ,	. found on	the bettem of
		eque and complete the following sample below. This information			
correct accoun	t.	•	•		
(1) Transit Number (5 Digits) (2) Bank Number (3 Di			gits) (3) Account Number (Various)		
Sample					
Name					20
Address					
Name					•
Nume					
					/ 100 Dollars
Bank/Credit Union					
(1)	(2)	(3)			
09267:	002:	638:194:02			
(Transit)	(Bank)	(Account Number)			
consideration for and	a basis of the	d answers made in this application are insurance herein requested and whether	You have the right to request access to the personal information in your file and, if necessary, correct any inaccurate information.		
•		oe true, full and complete.	Western Financial Group is focused on respecting your privacy and maintaining confidentiality of information. We have safeguards in place to protect your personal, business, and financial information which adheres to the Ten Privacy Principles as covered by the Personal Information Protection and Electronic Document Act (www.privcom.gc.ca). To learn more about Western Financial Group's commitment to privacy and security refer to our web site:		
information is import	ant. Any infor	ow that confidentiality of personal rmation you provide to us will be kept in a Access to your information will be limited to:			
• our employees and	representative	es in the performance of their jobs; ed access in writing; and			

Signature

• persons authorized by law.

Date Signed (yy/mm/dd)



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