

Customer name: WAVES OF POWER GOSPEL RADIO ORGANIZATION

TDCT Account No. 00642 004 73415217199  
Transit No. Inst. No. Account No.

**This form is used for new direct deposits/pre-authorized transactions only. Please take this form to your billing/deposit company.**

**Billing/deposit company information:**

Company name \_\_\_\_\_ Phone \_\_\_\_\_  
Street \_\_\_\_\_ Fax \_\_\_\_\_  
City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

**Please accept this document as my authorization to set up new direct deposit/pre-authorized transactions for the following:**  
(one form for each change)

**1. Preauthorized payment**  
Please indicate which apply:  
 Insurance  Mortgage payment  
 Utility  Lease  
 Membership  Other  
 Loan payment  
Policy/account # \_\_\_\_\_  
Payment frequency (monthly, weekly, daily) \_\_\_\_\_  
Payment amount \_\_\_\_\_  
Next payment date (dd/mm/yyyy) \_\_\_\_\_

**2. Direct deposits**  
Please indicate which apply:  
 RIF/LIF/LRIF  Annuity  
 Benefit/Pension  Other

**3. Payroll deposit**

All authorized signatures required

\_\_\_\_\_  
Customer or Signing Officer signature(s) Date (dd/mm/yyyy)

\_\_\_\_\_  
Customer or Signing Officer signature(s) Date (dd/mm/yyyy)

**Note:** To set up Government Direct Deposits, please complete the appropriate Government of Canada forms. The branch can provide you with a 'Direct Deposit Enrolment Request' form (#520745) or you can refer to the Canada Customs and Revenue Agency website ([www.ccr-aadrc.gc.ca](http://www.ccr-aadrc.gc.ca)).