

Brotherhood Auto Aid

Please complete the Direct Deposit agreement below.

I/we authorize Brotherhood Auto Aid Canada (BAAC), and the financial institution designated (or any other financial institution I/we may authorize at any time) to deposit directly into the bank account number shown below, any amount payable to me/us by BAAC. This authority is to remain in effect until BAAC has received written notification from me/us of its change or termination.

BAAC may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) days prior written notice to me/us.

I/we have certain recourse rights if any transaction does not comply with this agreement. For more information on my/our recourse rights, I/we may contact my/our financial institution or visit payments.ca.

Customer/Vendor Information

Name/Legal Business Name

Brotherhood Auto Aid Policy Number (If Applicable):

Address:

City: _____ Province: _____ Postal Code: _____

Telephone Number:

Bank Account Information

Deposit Account Number:

Financial Institution Transit Number: (branch – 5 digits, FI – 3 digits) –

Financial Institution Name:

Address:

City: _____ Province: _____ Postal Code: _____

Direct Deposit Details

These services are for (check one) Personal Business Use

Signature of Account Holder:

Date:

When the form is complete, mail or fax to: **Brotherhood Auto Aid** **Tel 204-355-9100**
 Box 27 **Fax 204-272-3412**
 Blumenort, MB R0A 0C0 **E-mail: baa@theaidplans.ca**