# **Authority to Debit Account**

To: The Manager

ATB Financial

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I authorize ATB to debit my account as indicated below:

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| Customer Name: |  |
| Amount of Debit: |  |
| Date of Recurring Debit: |  | Commencing: |  |
| Transit: |  | Account Number: |  |
| Loan Number: |  |
| Payment Frequency:  |  |
| Interest Only: |  |
| Principal Only: |  |
| Interest & Principal: |  |

Amount of debit may be adjusted at ATB discretion from time to time, to reflect changes in the applicable interest rate or any agreement or arrangement between us for a revised payment amount.

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| Customer Signature  | Date |