



Authority to Debit Account

To: The Manager
ATB Financial

I authorize ATB to debit my account as indicated below:

Client 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.

Client Signature

Date