

Authorization for Electronic Funds Transfer (EFT)

Use this form to:

- Start direct deposit payments to my account
- Start deduction of payments directly from my account in amounts specified in my loan agreement and/or payment schedule plus arrears interest if necessary.



- Change information previously submitted

Effective Date: YYYY MM DD

Contact Information

Current loan number(s), if applicable:

Name:

Address:

Email: Phone:

Contact Person: Title:

Confirmation of Deposit (only available for payments from the Board to you)

By providing us with your e-mail address you will receive confirmation of deposit to your account.

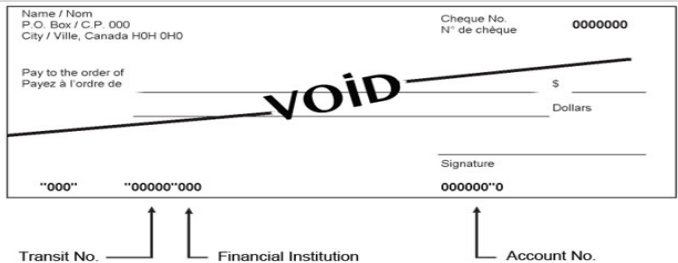
E-mail address for confirmation of deposit:

OR I do not wish to receive confirmation

Bank Account Information

Please attach a blank cheque with your bank information. **Write void** across the front.

Type of Account: Chequing Savings



For accounts without cheques: Please have your bank complete the following:

Type of Account: Chequing Savings

Name of Account Holder:

Financial Institution Name:

Branch Address:

Transit No. Institution No. Account No.

Teller Stamp:

These instructions are effective until written notice to the contrary is given to your Loan Officer. This authorization/agreement may be cancelled at any time with notice being provided by any one of the undersigned, either in writing or orally with proper authorization to verify the identity of the person, within two weeks before the next payment date.

Authorized signature(s)

Print Name(s)

Date **Customer #:** office use only

Fax, mail or email completed form and void cheque to:

Nova Scotia Loan Board Accounting
 74 Research Drive, Bible Hill, NS B6L 2R2
Phone: 902-893-6029 **Fax:** 902-895-7693
Email: FLBNS@novascotia.ca