



Internal Pre-Authorized Payment Form (PAC Set up by Envision)

Send this document to Central Operations –Att: Internal PAC's ****Processing requires 7 Business Days****
Sections A & H Must be Fully Completed. Then check and complete other appropriate section.

MEMBER INFORMATION - MUST ALWAYS BE COMPLETED **SECTION (A)**

Member Name: _____
(Surname) (First Name)
Membership #: _____ Branch Name: _____
PAC Amount: _____ Loan #: _____

NEW APPLICATION **SECTION (B)**

Loan Number/Account Type: _____
Amount: _____ Transaction Code: _____
Start Date: _____ End Date: _____
(dd mmm yyyy) (dd mmm yyyy)
Payment Frequency: Weekly Bi-weekly Monthly Other
Financial Institution To Be Debited: _____ ****Staple a correctly encoded cheque marked "VOID" to back of this form****

CANCELLATION **SECTION (C)**

I / We wish to cancel this pre-authorized agreement effective
Amount: _____ Due Date: _____ Cancel Date: _____
(dd mmm yyyy) (dd mmm yyyy)

AMOUNT / FREQUENCY / DATE / CHANGES **SECTION (D)**

Old Amount \$: _____ Old Frequency: _____ Old Payment Date: _____
(dd mmm yyyy)
New Amount \$: _____ New Frequency: _____ New Payment Date: _____
(dd mmm yyyy)

TEMPORARY SUSPENSION **SECTION (E)**

Suspension Date: _____ Resumption Date: _____ End Date: _____
(dd mmm yyyy) (dd mmm yyyy) (dd mmm yyyy)

OTHER FINANCIAL INSTITUTION BANKING INFORMATION CHANGE **SECTION (F)**

Staple a correctly encoded cheque marked "VOID" to back of this form

ENVISION CREDIT UNION BANKING INFORMATION CHANGE **SECTION (G)**

BRANCH NAME: _____

TRANSIT NO. & ACCOUNT NO.:
_____ 809 _____
Transit Account #

MEMBER MUST SIGN AND STAFF MUST PRINT THEIR NAME **SECTION (H)**

Member/ Clients Signature: _____
(Must sign to complete Authorization)

Staff Name: _____ **Date Sent:** _____
(Please Print) M / D / Y

I authorize Envision Financial to modify or cancel the PAP amount as required to coincide with any payment alterations or payouts made in relation to this loan/mortgage.