

FINANCIAL

SERVICES GROUP

Date: _____

To: Financial Services Group
#3, 7127 Sparrow Drive
Leduc, Alberta T9E 7L1
phone: (780) 986-7412 / fax: (780) 986-9694
email: fsg@financialservicesgroup.net

Re: **CHANGE OF BANKING INFORMATION FOR SYSTEMATIC TRANSACTIONS OR ELECTRONIC FUNDS TRANSFER**

Please be advised that I wish to change the banking information for the following accounts held at Financial Services Group.

Account Number(s): _____

Please change the banking information to the following:

Bank Number _____

Transit Number _____

Account Number _____

Effective immediately

Effective on _____

A void cheque is attached.

Client Signature*

Client Signature (for joint accounts)*

Print Name

Print Name

Date

Date

* Person signing must be the client or an authorized representative of the client, power of attorney, corporation, estate or trust.

