	UFA'S DIRECT DEPOS		PROGRAM
UFA	ELECTRONIC PAYMENT APP		NUONAM
Sign up to recei		Inmediate benefits may in	clude the following:
	ve Direct Deposit for payments that include: vestment share dividend payments;	Faster access to payment	s;
	nage payments;	 No postal disruptions or l Zero time spent depositir 	ng payments;
 Semi-annual payments for member investment plan; Member investment plan payouts. 		Convenient e-mail confirm	nation.
MEMBER IDENTIFICATION			
	CATION	UFA M	ember #
	E)		
Address	City		
Postal code	Phone number	Fax	
Email address (PLEASE PRINT	CLEARLY)		
PAYMENT INFORM			
To ensure the accuracy of your account information, we require you to attach a void cheque and complete the following financial information:			
Name of Financial Institution			
Address of Financial Institu			
ACCOUNT INFORM	ATION (Canadian Dollar Account)		
Bank Code	Transit Number Account Number		
APPROVED BY (FOR UFA OFFICE ONLY):			
Name of UFA Representative			
1. Any changes in banking information must be communicated to UFA at <u>data.support@ufa.com</u> .			
 Once enrolled, all payments are made electronically. Payment notifications will be sent by email to the contact listed above. 			
MEMBER STATEMENT			
I represent that I am a member of UFA and expressly authorize UFA to collect, use and disclose my personal information as set out in this Electronic Payment Application Form for the purposes of UFA's administration of the Direct Deposit Payment Program and for the purposes of paying:			
• quarterly variable	investment share dividend payments; and • s	emi-annual variable interest payments for m	
 annual patronage payments (which have been prior approved by UFA); and equity payouts (on member's request, and which have been prior approved by UFA); member investment plan payouts (on applicant's request, and which have been prior approved by UFA); 			
and			
and expressly authorize UFA to proceed with direct deposit payments to the account identified herein with respect to same.			
I understand that UFA will use and disclose my personal information identified herein to its financial institution and to my financial institution identified on this Electronic Payment Application Form in order to issue direct deposit payments for the purposes outlined above. I further understand that UFA will use my contact information as provided in the Electronic Payment Application Form to send me notifications of the direct deposit payment.			
In the event of a deposit to my account that was incorrectly or erroneously made, I hereby authorize UFA, UFA's financial institution and my financial institution identified herein to take any			
and all appropriate corrective actions, including, without limitation, positing a credit or a debit to the account. I understand that I am responsible for the accuracy of the information provided and for notifying UFA of any changes to my personal information as outlined in the Electronic Payment			
Application Form.			
Should I decide that I no longer wish to receive direct deposit payments pursuant to the Direct Deposit Payment Program, I understand that I may revoke this authorization by providing written notice to data.support@ufa.com . Should I revoke my authorization, I understand that I will receive the above outlined payments via cheque to the address I have provided UFA.			
lf an Individual	Name	Signature	Date
If a Corporation	Contact Name	Title/Position	
	Company Name		

Signature

Date

Email this form to: data.support@ufa.com or mail to: UFA Co-operative, Suite 700, 4838 Richard Rd SW, Calgary, AB T3E 6L1, Attn: Data Support