



Direct Deposit Pre-Authorized Credit Form

I/we authorize Dairy Farmers of Nova Scotia to credit my/our company's bank account for payments of amounts owing arising from business transactions. Payments for invoices will be credited to the account specified below from time to time, as required.

This authority is to remain in effect until Dairy Farmers of Nova Scotia has received written notification from me/us of its change or termination. The said notification must be received at least ten (10) business days before the next credit is scheduled at the address provided below.

Dairy Farmers of Nova Scotia may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least ten (10) business days prior written notice to us.

PLEASE PRINT

Type of Service: Personal ____ Business X **DFNS Registration Number:** _____

Company/Name: _____

Address: _____

City/Town: _____ Province: NS Postal Code: _____

Phone Number: _____ (cell) _____

Email Address (required): _____

Financial Institution (FI): Branch Name & Address: _____

Branch Transit Number (5 digits): Institution Number (3 digits):

Account Number:

DATE: _____ Authorized Signature(s): _____

Send completed form to:
Dairy Farmers of Nova Scotia, Attention: Accounts Payable, 100-4060 Highway 236, Lower Truro NS B6L 1J9
Tel: (902) 893-6455 | Fax: (902) 897-9768 | E-mail: dfns@dfns.ca

PLEASE ATTACH VOID CHEQUE HERE

cheque #	institution #	branch #	account #
"000"	"0000"	"000"	"0000000000"