



Direct Deposit Pre-Authorized Debit/Credit Form

I/we authorize Dairy Farmers of Nova Scotia ("DFNS"), and the financial institution designated (or any other financial institution I/we may authorize at any time) to process transactions as per my/our instructions for any amounts owing to or from DFNS, arising from the successful purchase of quota on the monthly Quota Exchange, or other business transactions that may arise from time to time. DFNS will email written notice and detail of each transaction.

This authority is to remain in effect until DFNS 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 debit or credit is scheduled at the address provided below. I/We may obtain a sample cancellation form, or more information on my/our right to cancel this agreement at my/our financial institution or by visiting <https://www.payments.ca/>

DFNS may not assign this authorization, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to me/us.

I/we have certain recourse rights if any debit or credit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any transaction that is not authorized or is not consistent with this Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our financial institution or visit www.cdnpay.ca.

PLEASE PRINT

Type of Service: Business **DFNS Registration Number:** _____

Name(s): _____

Address: _____

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

Phone Number: _____ (cell) _____

Email Address (required): _____

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

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

Account Number:

DATE: _____ Authorized Signature(s): _____

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

PLEASE ATTACH VOID CHEQUE HERE

cheque #	institution #
branch #	account #
"000" "00000"	"000" "0000000000"