Account Confirmation Letter

Account Information

Fax to: 1.877.742.2901 or 604.742.2901

To Credential Direct:

Tran	sit Number	Institution Number		Account Number (refer to micro encoding on the cheque
Acc	ount Holder Name (Print Name)	Joint Account Holder Nam	e (Print Name)	
Resi	dential / Corporate Address			
2. Acc	count requirements and status (Co	omplete information as indic	cated)	
a)	Funds Transfer (EFT)* (chequing	☐ Yes * NOTE: Credent	□ No	k a savings account if it has EFT ability.
b)	privileges) Account Denomination	☐ Cdn Dollars	US Do	
c)	Account Type	☐ Personal	☐ Corpor	ate Other
d)	Account Signature Requirements	☐ 1 Signature	☐ 2 Signa	atures
e)	Account Standing: The client(s) is known to the branch and is in good standing.	☐ Yes If "No", please sp	□ No pecify reason: _	
Branch I	Ch Authorization Representative Name (Print Name)	Title		Contact Phone
X Branch f	Representative Signature	Date (dd/mmm/	(уууу) Е	Branch Stamp:

- Registered account.
- 2. Complete the information on this Account Confirmation Letter, and
- 3. Provide a Branch Stamp to satisfy Anti-Money Laundering Legislation and/or to establish an Electronic Funds Transfer (EFT)
- 4. Submit the completed Account Confirmation Letter form to Credential Direct by either:
 - Faxing a copy to: 604.742.2901 or 1.877.742.2901

• Including the form with the Credential Direct New Account Application form.