



PROVINCIAL GOVERNMENT EMPLOYEES

Pre-Authorized Payment/Direct Deposit Form

Direct Deposit



Pre-Authorized Payment



Account Holder's Name

Phone Number

Address

City

Province

Postal Code

I authorize this direct deposit/pre-authorized payment to be debited/credited using the following account information:

Branch Number	Institution Number	Account Number
30833	839	

Provincial Government Employees Credit Union

Name of Credit Union

1718 Argyle St, Suite 100, Halifax, NS B3J3N6

Address

Effective Date: _____

Account Holder's Signature

Date

PROVINCIAL GOVERNMENT EMPLOYEES
CREDIT UNION
1718 ARGYLE ST., SUITE 100
HALIFAX, NS B3J 3N6

