Concentra®

Scheduled RESP Deposit
CUDP RESP

Credit Union Name and Branch | CU # | Branch #

CU Contact Person (please print) | Phone # | Fax #

Personal Detail

Contract #

N - New
C - Change
D - Delete

Effective Date (mmm/dd/yyyy)

Subscriber Name (surname first)

Joint Subscriber Name (surname first)

Beneficiary Name (surname first)

Amount of Deposit Allocated

Beneficiary Name (surname first)

Amount of Deposit Allocated

Beneficiary Name (surname first)

Amount of Deposit Allocated

Beneficiary Name (surname first)

Amount of Deposit Allocated

Deposit Detail

I authorize the _____ Credit Union to debit my account

#_____ Route _____ Transit _____ at _____ in the amount of $_____
(name of financial institution and branch location)

according to the instruction below.

Date of first debit: (mmm/dd/yyyy)

Frequency of debit:

O - One time
W - Weekly
F - Fortnightly (ie. bi-weekly)
B - Semi-monthly (1st and 15th of each month)
M - Monthly
Q - Quarterly
S - Semi-annual
A - Annual

Note: Deposits will continue until written authorization to cancel is received.

Funds credited to Variable Deposit Account **Only**

Date _____ Signature of subscriber _____

Date _____ Signature of joint subscriber _____

Date _____ Signature of credit union _____

Concentra Use

Date Received (mmm/dd/yyyy) | Entered By: _____ | Approved By: _____ | Audited By: _____ | Date Stamp

302-396 (01/17) Original - Subscriber File Copy - Concentra Copy - Subscriber

Print Reset