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Check the appropriate box:

- New Fraternal Unit
- Changed Banks
- Bank Merger

# Moose International

REQUEST for CHANGE

Authorization Agreement for Preauthorized Deposits  
(Direct Credits)

**CANADA**

4

**MAIL TO:**  
**Moose International**  
**155 S International Drive**  
**Mooseheart, IL 60539-1115**

Complete all banking information below for your designated **general purpose** checking account.

I hereby authorize Moose International Inc. or its duly authorized representatives, and the financial institution below to initiate credit entry deposits to the general purpose checking account of:

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**Fraternal Unit Name** \_\_\_\_\_ **Fraternal Unit No.** \_\_\_\_\_

I hereby authorize Moose International Inc. or its duly authorized representatives, and the financial institution below to initiate debit entries into the same account for the amount of a previously originated credit if the original credit was processed in error.

This authorization is to remain in full force and effect until Moose International has received any change in DEPOSITORY information. Such notification should be remitted using this form and in such time as to afford Moose International and DEPOSITORY reasonable opportunity to act.

With written notification, Moose International reserves the right to terminate this authorization.

3

**Fraternal Unit No.** \_\_\_\_\_  
**Address** \_\_\_\_\_  
**City** \_\_\_\_\_ **ST** \_\_\_\_\_ **Zip** \_\_\_\_\_

**PLEASE PROVIDE A "VOID" CHEQUE**

\_\_\_\_\_  
**Financial Institution**

\_\_\_\_\_  
**City of Financial Institution**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

Institution Number

Bank Account Number

Branch Transit

\_\_\_\_\_  
**Signature of Authorized Signer on Account**

\_\_\_\_\_  
**Date**

**\* A VOIDED CHECK MUST BE INCLUDED TO COMPLETE PROCESSING**