

# Pre-Authorized Debit Form

The Law Society  
of British Columbia



## Maternity Leave Benefit Loan Program

845 Cambie Street, Vancouver, BC, Canada V6B 4Z9  
t 604.669.2533 | BC toll-free 1.800.903.5300  
f 604.669.5232 | TTY 604.443.5700  
lawsociety.bc.ca

PART A: Applicant information		
Given Name(s)		Surname
Address		
City	Province	Postal
Telephone	Email	
Member number		
PART B: Loan information		
Total loan amount      \$		
PART C: Repayment of loan		
<p><b>Automatic Monthly Repayment:</b> The Member guarantees to repay the Maternity Leave Benefit Loan Program in equal payments over forty-eight (48) months. The first payment of \$_____ is due on the first day of the month following the first year anniversary date of the loan.</p> <p><b>Payment Authorization:</b> The member hereby authorizes The Law Society of British Columbia to debit the member's bank account on the first day of each month. <b>Please attach a voided cheque to this form.</b></p>		
_____		_____
Date		Signature of member

The information on this form is collected under authority of the Legal Profession Act. The information provided will be used to process your Maternity Leave Benefit Loan application. If you have any questions about the collection and use of this information, contact the Controller, Law Society of British Columbia, 8th Floor, 845 Cambie Street, Vancouver, BC V6B 4Z9, Tel. 604.669.2533.