



Pre-authorized Debit Agreement

199 Bay Street, Suite 600

Toronto ON M5L 0A2

☐ Banking Services

618-03-190E (12/01/2017)

Instructions on how to complete this form



ONLY one method required
☐ Original by mail/courier
☐ Copy by fax

Pre-authorized Debit Agreement
Fax to: 416.947.9476 or 1.866.941.7711
199 Bay Street, Suite 600
PO Box 279 STN Commerce Court
Toronto ON M5L 0A2

Account number: _____
☐ Loans ☐ Deposits ☐ Banking Services

1. Client information

Last name	First name	Initial
Joint account holder last name (if applicable)	First name	Initial

2. Pre-authorized debit (PAD) information

Type of Pre-authorized Debit: ☐ Personal ☐ Business ☐ Funds Transfer

Effective date (mm/dd/yyyy): _____
☐ Change PAD frequency (The only available PAD frequency for Investment Loans is monthly.):
☐ Monthly ☐ Semi-monthly (____ and ____ day of each month) ☐ Bi-weekly ☐ Weekly
☐ Commence a one-time PAD for: \$ _____
☐ Commence PAD for fixed amount of: \$ _____
☐ Terminate PAD

☐ Change next PAD date to: (mm/dd/yyyy): _____
☐ Change existing fixed PAD amount to: \$ _____
☐ Change existing variable* PAD amount to: \$ _____
☐ Change banking information for PAD
☐ Change banking information for cash distributions (indicate fund codes below):
☐ Deduct the annual account fees by PAD
☐ Other: _____

Note: A minimum notification of ten (10) business days prior to the next PAD payment is required to change or process PAD instructions.

3. Investment instructions on PAD (Only applicable for Investment Loans.)

The amount submitted \$ _____ is to be invested in the following funds:

Fund code	Mutual/Segregated fund account number	\$ Amount or %	Commission rebate \$ or %	Initial charge

4. Banking information (A void cheque must be attached.)

Financial institution _____ Branch address _____

Transit number _____ Bank number _____ Account number _____

If the attached cheque is for a joint account in the name of the Account Holder(s) and another joint account holder whose signature is required on withdrawals issued against the account, any joint account holder that is not an Account Holder or Joint Account Holder on this application must sign this authorization immediately below:

Signature of Joint Account Holder _____ Date (mm/dd/yyyy) _____

5. Signatures and authorization

1. By signing this form, I/we authorize B2B Bank to debit the account held at the financial institution indicated on this agreement, the amounts noted above and in the frequencies instructed. I/we agree that payments shall be made by pre-authorized debit or electronic withdrawals or in such manner as B2B Bank may determine. I/we understand that the branch of the financial institution where the account is held is not required to verify that the payment is drawn in accordance with this authorization.

2. I/we hereby waive any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to pre-authorized debits.

3. I/we agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.

4. B2B Bank is authorized to accept changes to this agreement from my/our registered dealer or my financial advisor in accordance with the policies of B2B Bank.

5. I/we confirm that all persons whose signatures are required to authorize transactions in the bank account specified in Section 4 have signed this agreement below.

6. I/we may change these instructions at any time, provided that B2B Bank receives at least 10 days notice by mail or fax. I/we may cancel this plan at any time, provided that B2B Bank receives 30 days notice by mail or fax. To obtain a copy of a cancellation form or for more information regarding my/our right to cancel a pre-authorized debit agreement, I/we may consult with my/our financial institution or visit the Canadian Payments Association website at cdnpay.ca.

7. I/we have certain recourse rights if any debit does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit cdnpay.ca.

8. I/we may contact B2B Bank at 199 Bay Street, Suite 600, PO Box 279 STN Commerce Court Toronto ON M5L 0A2 or toll free at 1.800.263.8349.

9. I/we acknowledge and agree that I/we are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which I/we may be held accountable.

10. I/we have requested this application form and all other documents relating hereto to be in English. J'ai exigé/Nous avons exigé que ce formulaire et tous les documents y afférent soient rédigés en anglais.

The undersigned hereby authorizes the execution of the above. My/Our financial institution is authorized to treat each debit as if I/we had issued a cheque authorizing such payment and debit.

Client signature _____	Date (mm/dd/yyyy) _____	Client signature _____	Date (mm/dd/yyyy) _____
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I confirm that I am duly licensed to distribute the product the client wishes to purchase in the jurisdiction where the client resides.

Advisor signature _____	Date (mm/dd/yyyy) _____	Signature guarantee _____
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SEE OVERLEAF

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Not applicable for Locked in RSP, LIRA, RIF, LIF, LRIF, PRRIF, RLIF or RLSP account types.

Method of transmission

Indicate whether this form is being submitted by fax or if the original form is being mailed or couriered to B2B Bank. Please note that B2B Bank is not responsible for duplicate transactions if the request is sent more than once.

Account number

Provide the Client's B2B Bank account number.

Client information

Provide the information requested regarding the Client's name.

Pre-authorized debit (PAD) information

Personal PAD: this is drawn on the account of a Payor for payments such as, but not limited to, charitable donations, non-Member investment contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings, lines of credit, loans and payment for other consumer goods or services.

Business PAD: this is drawn on the account of a Payor for the payment of goods or services related to a Business or commercial activity of the Payor, including, but not limited to, payments between franchisees and franchisors, distributors and suppliers, and dealers and manufacturers.

Funds Transfer PAD: When the Payor and the Payee are the same individual, a Funds Transfer PAD is drawn on the account of a Payor for the purpose of transferring funds from their account at one Member to their account at another Member, including, but not limited to, registered savings plan and mutual funds

Complete section 2 if the Client wishes to begin, or make a change to, a PAD on an existing account. Indicate both the frequency required and the commencement date. If this information is not indicated, the plan will be established for the next scheduled payment (monthly basis for Investment Loans). A void cheque from a personal account imprinted with the Client's name must be attached (on a separate page) for a new PAD or a change in banking information.

For cash distributions on Investment Loans, this option is not available for no margin call, 100% interest only Investment Loans.

Investment instructions on PAD

Indicate the mutual fund code (mandatory), the mutual fund account number and the amount or percentage of each purchase. This section is only applicable to Investment Loans.

Banking information

Provide information regarding the Client's bank account from which they wish to have the noted transactions debited. A void cheque from a personal account imprinted with the Client's name must be attached (on a separate page) for a new PAD or a change in banking information. If the void cheque is for a joint account in the name of the Client and another account holder whose signature is required on withdrawals issued against the account that will be debited, any joint account holder that is not an account holder on the B2B Bank account must sign section 4 of this form.

Signatures and authorization

In addition to the date, the Client or the Authorized Signing Officer, as applicable, and Advisor signatures are required on this form. Also, the Dealer and Advisor numbers are required to ensure that commission and service fees are credited correctly, where applicable.