

# AUTHORIZATION TO ACCESS CLIENT BANK ACCOUNT

## ① PLANHOLDER REGISTRATION:

Add banking info     Change banking info     Delete banking info

Client Account No:  (found in upper right hand corner of your Monthly Statement)

Account Holder: \_\_\_\_\_  
Last Name First Name

Co-Account Holder: \_\_\_\_\_  
(If joint) Last Name First Name

(Please see the New Client Application Form for my/our address.)

I/We hereby authorize NBCN Inc./National Bank Financial to debit/credit my/our Bank Account(s) with the following items:

[Please check appropriate box and allow 10 days notice for the Banking Information to take effect.]

## ② INCOMING CASH FROM MY/OUR BANK ACCOUNT TO MY/OUR INVESTMENT OR REGISTERED ACCOUNT:

**Funds Transfer PAD** (Pre-authorized debit of cash, on a periodic or ONE-TIME basis, from my/our bank account to my/our investment account or registered plan)

Amount to be withdrawn from my/our Bank Account: \$ \_\_\_\_\_ . \_\_\_\_

Frequency:  Daily  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Quarterly  Semi-Annually

Start Date: \_ \_ \_ \_ \_  
MM D D Y Y Y Y

**PAP** (Pre-Authorized Payment of annual Administration Fee only)

## ③ OUTGOING CASH FROM MY/OUR INVESTMENT ACCOUNT TO MY/OUR BANK ACCOUNT:

**EFT** (Electronic Funds Transfer for the transfer of cash from my/our investment account to my/our bank account as requested)

Sporadic

**IAG** (Income Sweeping of interest and dividends via EFT from income generator account)

Frequency:  Daily  Weekly  Bi-Weekly  Semi-Monthly  Monthly  Quarterly  Semi-Annually

Start Date: \_ \_ \_ \_ \_  
MM D D Y Y Y Y

## ④ FINANCIAL INSTITUTION INFORMATION: (Must be completed)

Name of Financial Institution

Branch Address

City

Province Postal Code

Bank Number

Transit Number

Account Number

Currency:  CDN  US

Notes: Attach a VOID personalized cheque. (No third party cheques allowed.)

## ⑤ SIGNATURE SECTION:

I/We hereby acknowledge having read and understood the terms and conditions on the reverse.

X \_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

X \_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

## PAYORS AUTHORIZATION FOR PREAUTHORIZED DEBIT

1. We warrant that the information on the face of this document is accurate.
2. We acknowledge that the Authorization is provided for the benefit of the Payee FI and the Processing Institution and is provided in consideration of the Processing Institution agreeing to process debits against our account as listed on the face of this document (the "Account") in accordance with the Rules of the Canadian Payments Association.
3. We will undertake to inform the payee of any changes in account information at least 30 days prior to the next PAP, EFT, IAG or Funds Transfer PAD.
4. We warrant and guarantee that all persons whose signatures are required to authorize withdrawals from the account have signed the Authorization and that all persons signing this Authorization are our authorized signing officers and are empowered to enter into this agreement.
5. We hereby authorize the Payee to issue Funds Transfer PAD's (as defined in Rule H-1 of the Rules of the Canadian Payments Association) drawn on our bank account for the purpose of contributing to our investment account.
6. We may cancel the Authorization at any time providing written notice to the Payee 90 days in advance of cancellation date.
7. We waive prenotification requirements.
8. We acknowledge that provision and delivery of the Authorization to the Payee constitutes delivery by us to the Processing Institution. Any delivery of the Authorization to the Payee regardless of the method of delivery constitutes delivery by us.
9. As documented, the Payee will debit the bank account referenced at the selected frequency or on a sporadic basis. The Payee will provide the Payor with a monthly statement, at the address referenced on the New Client Application Form, documenting all investment account activity including the credit of electronic payments (periodic and sporadic).
10. We acknowledge that the Processing Institution is not required to verify that a Funds Transfer PAD has been issued in accordance with the particulars of the Authorization including, but not limited to, the amount, or that any purpose of payment for which the Funds Transfer PAD was issued has been fulfilled by the Payee as a condition of honoring a Funds Transfer PAD issued or caused to be issued by the Payee on the Account.
11. Revocation of the Authorization does not terminate any contract for goods or services that exists between the Payee and us. The Authorization applies only to the method of payments and does not otherwise have any bearing on the contract for goods or services exchanged.
12. No recourse will be provided through the clearing system. The payor must seek recourse from the payee directly in the event that the Funds Transfer PAD is erroneously charged.
13. We agree that the information contained in the Authorization may be disclosed to the Processing Institution as required to complete any Funds Transfer PAD transaction.
14. We understand and accept the terms of participating in this Funds Transfer PAD plan.