

# Pre-Authorized Debit Agreement

## SECTION 1: GENERAL INFORMATION

\*Required Information

Plan Sponsor Name (if applicable)

Open Access Account Number

Plan Type\*  RRSP  TFSA  Non-Registered  Spousal RRSP  Pension Plan  Other: \_\_\_\_\_

Surname\*

First Name and Initial\*

Mr.  Mrs.  
 Ms

Address\*

City or Town\*

Province\*

Postal Code\*

Contact Phone Number\*

Birthdate

Y Y Y Y / M M / D D

## SECTION 2: CONTRIBUTION DETAILS

Frequency\*  Twice a month, on the 1st and the 15th of the month  Monthly, on the 1st of the month  Monthly, on the 15th of the month

Contribution amount\*

Start Date\*

\$ \_\_\_\_\_ (minimum \$25)

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Open Access® may apply a charge of \$25 for debits rejected as NSF.

## SECTION 3: BANKING INFORMATION

Bank Name\*

Bank Address\*

City\*

Province\*

Postal Code\*

## SECTION 4: AUTHORIZATION

### AGREEMENT FOR PRE-AUTHORIZED DEBIT AGREEMENT (PAD)

Canadian Western Trust Company is a trust company incorporated under the laws of Canada.

For purposes of this Schedule, the following terms have the following meanings: "CWT" means Canadian Western Trust; "FI" means Financial Institution; "Payor" means the person(s) that pre-authorize the issuance of a PAD and whose account is to be debited with the amount of the PAD; "Pre-Authorized Debit" or "PAD" means a pre-authorized payment in paper, electronic, or other form drawn pursuant to a PAD agreement on an account of my choosing as Payor held by my FI. In this Schedule, "I", "We", "My", "Our" and "Us" refers to the Payor.

I/we understand and undertake that:

1. this authorization is for the benefit of CWT and my/our FI. My/our FI agrees to process debits against my/our account in accordance with the rules of the Canadian Payments Association;
2. giving this authorization to CWT is the same as giving it to my/our FI;
3. my/our FI is not required to verify that the PAD conforms with my/our authorization;
4. my/our FI is not required to verify that the purpose of payment to which this PAD relates has been fulfilled;
5. revoking this authorization does not terminate any contract between CWT and me/us. My/our authorization applies only to the method of payment and has no bearing otherwise on any contract;
6. any personal information within this authorization required by FI may be released to them;
7. I/we will inform CWT in writing of any change to the account information provided herein at least 10 business days prior to the next scheduled payment date of the PAD;
8. I/we may cancel this authorization by advising CWT of this revocation 10 days prior to the next date of the PAD. I/we understand that I/we may obtain a sample cancellation form or further information on my/our right to cancel this agreement at my/our FI or by visiting [www.cdnpay.ca](http://www.cdnpay.ca); and
9. I/we have certain recourse rights if a 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 PAD agreement. To obtain more information on my/our recourse rights, I/we may contact my/our FI or visit [www.cdnpay.ca](http://www.cdnpay.ca). I/we authorize the processing, by CWT, of a personal Pre-Authorized Debit (PAD) through my/our bank account, the details of which appear on the attached void cheque. I/we agree to the terms and conditions of this agreement as stated herein.

Date\*

Y Y Y Y / M M / D D

Signature(s)\* of Account Owner(s). If this Account has more than one owner, each party must sign this form.

A VOID CHEQUE, OR A BANK DIRECT DEPOSIT FORM WITH BANK STAMP  
MUST BE ATTACHED TO THIS FORM TO ACTIVATE THIS REQUEST\*

### TO BE COMPLETED BY OPEN ACCESS

CWT Account Number \_\_\_\_\_

Once completed, please forward this form to:  
Open Access Limited, ATTN: Customer Service  
302 Bay Street, Suite 503-01, Toronto, ON M5H 0B6  
Tel: 1 (866) 625-4777 | Fax: (416) 955-4878 | Toll-Free Fax: 1 (866) 955-4878  
Please retain a photocopy of this form for your files.