

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)

Y Y Y Y / M M / D D

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; 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. 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 _____

When completed, forward this form to:
Open Access® Limited, Attn: Customer Service, 1 Richmond St. W, Suite 701, Toronto, ON M5H 3W4
Phone: 1 (866) 625-4777, Fax: (416) 955-4878, Toll Free Fax: 1 (866) 955-4878
This form is available on the Open Access® Limited website at www.openaccessltd.com
Please retain a photocopy of this form for your files.