



1810, 125 – 9th Avenue S.E., Calgary, Alberta T2G 0P6
Telephone: (403) 770-0001 Fax: 261-7523

Authorization for Pre-Authorized Cheques
Self Directed Registered Plans Division

I (we) authorize Olympia Trust Company to withdraw funds on a monthly basis from my (our) account for the purposes of RESP contribution. A debit in paper, electronic or other form may be drawn on my (our) account. I (we) will notify Olympia Trust Company in writing of any changes in the account information or termination of this authorization prior to the next withdrawal date of the pre-authorized payment. I (we) acknowledge that delivery of this authorization to Olympia Trust Company constitutes delivery by me (us) to the noted Financial Institution. This agreement may be cancelled by either me (us) or Olympia Trust Company in writing.

(Name) (RESP Account Number)

Bank Name _____

Bank Address _____

Institution # _____ Transit # _____ Account # _____

Contribution Amount \$ _____ Start Date [Month / Day (1 or 15)] _____

NOTE: A VOID CHEQUE MUST BE ATTACHED

Date: _____

SIGNATURE(S) OF DEPOSITOR(S)

Print Name Signature

Print Name Signature