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**Authorization for Pre-Authorized Contributions (PAD)  
Registered Plans & TFSA Division.**

Annuitant/Holder or Subscriber Name:

Plan Type & Account Number:

RRSP \_\_\_\_\_  RRSP Spousal \_\_\_\_\_  TFSA \_\_\_\_\_  RESP \_\_\_\_\_

Contact Information: Phone/e-mail \_\_\_\_\_

Bank Name:

Institution  Transit  Account \_\_\_\_\_

Contribution Amount

Start Date:  1<sup>st</sup> day or  15<sup>th</sup> day of every month starting \_\_\_\_\_  
Month

I (we) authorize Olympia Trust Company to debit the bank account indicated above for the amount and frequencies indicated. I (we) may revoke this authorization at any time in writing; subject to providing 10 business days notice. To obtain a sample cancellation form, or for more information on your right to cancel a PAD Agreement you may contact your financial institution or visit [www.cndpay.ca](http://www.cndpay.ca)

You have certain recourse rights if any debit does not comply with this agreement, For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with the PAD Agreement. To obtain more information on your right to cancel a PAD Agreement, contact your financial institution or visit [www.cdnpay.ca](http://www.cdnpay.ca).

**By signing this form you waive any pre-notification requirements as specified by sections 15 (a) and (b) of the Canadian Payments Associate Rule H1 with regards to pre-authorized debits.**

SIGNATURE of Account Holder

SIGNATURE of Joint Account Holder (if applicable)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**NOTE: A VOID CHEQUE MUST BE ATTACHED**