



2200, 125 – 9th Avenue S.E., Calgary, Alberta T2G 0P6
Telephone: (403) 770-0001 Fax: 261-7523

Authorization for Pre-Authorized Contributions (EFT) Registered Plans & TFSA Division

I (we) authorize Olympia Trust Company to withdraw funds on a monthly basis from my (our) account for the purposes of a 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.

Annuitant/Holder or Subscriber Name:

Plan Type & Account Number:

RRSP _____ RRSP Spousal _____

TFSA _____ RESP _____

Bank Name:

Institution Transit Account _____

Contribution Amount

\$

Start Date: 1st day or 15th day of every month starting _____
Month

NOTE: A VOID CHEQUE MUST BE ATTACHED

Date: _____

SIGNATURE(S) OF DEPOSITOR(S)

Print Name

Signature

Print Name

Signature