



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

Authorization for Pre-Authorized Cheques
Self Directed Registered Plans Division

I (we) authorize Olympia Trust Company and noted Financial Institution, or any other Financial Institution that I (we) may later designate to withdraw funds from my (our) account for the purposes of a mortgage payment. 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)

(RSP Account Number)

Bank Name _____

Bank Address _____

Institution# _____ **Transit #** _____ **Account #** _____

Payment Amount \$ _____ **Start Date:** _____

NOTE: A VOID CHEQUE MUST BE ATTACHED.

Date:

SIGNATURE(S) OF DEPOSITOR(S)

Print Name

Signature

Print Name

Signature