



Pre-Authorized Contribution Plan (PAC) Application Form

Name: _____

Joint Name (if applicable): _____

Email: _____

Account Number: _____

Please Check (✓)

RRSP

Non-Registered

RESP

TFSA

New Pre-Authorized Contribution Plan

Change To Pre-Authorized Contribution Plan

Frequency and Purchase Amount

Y|Y|Y|Y|M|M|D|D

Start Date

One-Time*: \$ _____

Weekly*: \$ _____

Bi-Weekly*: \$ _____

Semi-Monthly*: \$ _____

Monthly*: \$ _____

I/we authorize that each payment under the Pre-Authorized Contribution Plan shall be the same as if I/we had personally issued a cheque authorizing you to pay as indicated and to debit the amount specified to my/our account.

* The minimum investment that can be made to a mutual fund on any investment date is \$25.

** Instructions need to be received 5 business days before the start date of a new PAC, or before making changes to an existing PAC.

Investment Information

Fund Code	Fund Name	Percentage (%)	Amount (\$)
Totals:			

VOID CHEQUE REQUIRED TO SET-UP A PRE-AUTHORIZED CONTRIBUTION PLAN

Authorization

By signing this form, you confirm that you have read and agreed to the Terms and Conditions on the back of this agreement.

Account Holder's Signature

Name (Please Print)

Y|Y|Y|Y|M|M|D|D

Date

Joint Account Holder's Signature

(if applicable)

Name (Please Print)

Y|Y|Y|Y|M|M|D|D

Date

Compliance Approval

For a joint bank account, provide all signatures required on cheques issued against the bank account. If not an existing member of Educators Financial Group, please ensure a completed application form is provided.

(07/20)





Pre-Authorized Chequing Agreement

(Not applicable for Locked-in RSP, LIRA, RIF, LIF, RLSP or RLIF account types)

By signing the Pre-Authorized Contribution Plan (PAC) section of the application form you agree to the following terms and conditions:

- You authorize Educators Financial Group to debit the bank account provided for the amount(s) and in the frequencies instructed.
- You acknowledge that your debit will be considered a Funds Transfer Pre-Authorized Debit (PAD) by Canadian Payments Association definition.
- You have certain recourse rights if a 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 this pre-authorized debit agreement. To obtain more information on your recourse rights, you may visit our website at **www.educatorsfinancialgroup.ca** or contact us directly at **416.752.6843** or **1.800.263.9541**. Alternatively, you may visit the Canadian payments association website at **www.cdnpay.ca**.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed the Pre-Authorized Contribution Plan (PAC) section of the application form.
- You may change these instructions or cancel this plan at any time, provided that Educators Financial Group receives written notice at least 5 business days before your next scheduled PAD. To obtain a copy of a cancellation form or for more information regarding your right to cancel a preauthorized debit agreement, you may visit our website at **www.educatorsfinancialgroup.ca** or contact us directly at **416.752.6843** or **1.800.263.9541**. Alternatively, you may visit the Canadian payments association website at www.cdnpay.ca.
- You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to, and necessary for, the proper application of the rules applicable for pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.