



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) _____ Date Y|Y|Y|Y|M|M|D|D|

Joint Account Holder's Signature _____ Name (Please Print) _____ Date Y|Y|Y|Y|M|M|D|D|
(if applicable)

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.

Compliance Approval





Pre-Authorized Chequing Agreement

By signing the Pre-Authorized Contribution Plan (PAC) as specified in section 15(a) and (b) of the Canadian Payments Association Rules H1 with regards to pre-authorized debits, you agree to the following terms and conditions:

- You waive any pre-notification requirements as specified by section 17 of the Canadian Payments Association Rule H1 with regards to pre-authorized debit (PADs).
- 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.
- If this is for a personal investment, your debit will be considered a Personal Pre-Authorized debit (PAD) by Canadian Payment Association Definition. If this is for a business purposes, it will be considered a business PAD.
- If this agreement provides for PADs with sporadic frequency, I/we understand that the Payee is required to obtain an authorization from me/us for each and every PAD prior to the PAD being exchanged and cleared in accordance with Rule H1 of the CPA Rules. I/We agree that a password or security code or the verification of my identity will constitute valid authorization for the processing Institution to debit the Account.
- 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.payments.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 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 the pre-authorized debits.
- You may change these instructions or cancel this plan at any time, provided that Educators Financial Group receives written notice at least Five (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.payments.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.