

# Client Authorization For Cash Disbursement Banking Information

A division of B2B Bank  
Securities Services Inc.

USE THIS FORM TO ADD/REMOVE CASH DISBURSEMENT BANKING INFORMATION

## 1. CLIENT INFORMATION (Please use separate forms if adding more than one joint account holder)

<input type="text"/> CLIENT NAME (LAST)		<input type="text"/> (FIRST)	
<input type="text"/> CLIENT NAME (LAST)		<input type="text"/> (FIRST)	
<input type="text"/> ACCOUNT NUMBER	<input type="text"/> ACCOUNT NUMBER	<input type="text"/> ACCOUNT NUMBER	<input type="text"/> ACCOUNT NUMBER
<input type="text"/> DEALER NUMBER	<input type="text"/> FINANCIAL ADVISOR NUMBER		

## 2. ADD BANKING INFORMATION (Please use separate forms if adding more than one)

<input type="text"/> BANK NAME			
<input type="text"/> BRANCH ADDRESS (STREET ADDRESS & CITY)		<input type="text"/> PROVINCE	<input type="text"/> POSTAL CODE
<input type="text"/> BANK NUMBER	<input type="text"/> BANK TRANSIT NUMBER	<input type="text"/> BANK ACCOUNT NUMBER	

**NOTES:**

- Attach a VOID cheque.
- Only Canadian financial institutions.
- No third party – name on cheque must match name on registered or investment account.

## 3. REMOVE BANKING INFORMATION (Please attach a list if removing more than one)

<input type="text"/> BANK NAME (CANADIAN BANKS ONLY)			
<input type="text"/> BRANCH ADDRESS (STREET ADDRESS & CITY)		<input type="text"/> PROVINCE	<input type="text"/> POSTAL CODE
<input type="text"/> BANK NUMBER	<input type="text"/> BANK TRANSIT NUMBER	<input type="text"/> BANK ACCOUNT NUMBER	

## 4. CLIENT AUTHORIZATION

I/We, \_\_\_\_\_, authorize \_\_\_\_\_

CLIENT(S) NAME(S) BANK NAME

to confirm my/our transit and account number(s) only for my/our banking information with B2B Bank Discount Brokerage. In addition, by signing this Client Authorization for Cash Disbursement Banking Information form, I/We have agreed to allow B2B Bank Discount Brokerage to retain my/our transit and account number(s) for future deregistration/redemption purposes.

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

\_\_\_\_\_  
CLIENT SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

\_\_\_\_\_  
FINANCIAL ADVISOR/DEALER SIGNATURE

\_\_\_\_\_  
DATE (mm/dd/yyyy)

**Please fax completed form to (416) 413-0733**