

**B2B BANK**

Fax to: 416.947.9476 or 1.866.941.7711  
199 Bay Street, Suite 600  
PO Box 279 STN Commerce Court  
Toronto ON M5L 0A2

# Pre-authorized Debit Agreement

Please complete, sign & email to [loanpostfunding@b2bbank.com](mailto:loanpostfunding@b2bbank.com)

**NOTE:** Please include loan # in the subject line

Account number: \_\_\_\_\_ ☐ Loans ☐ Deposits ☐ Banking Services

## 1. Client information

Last name	First name	Initial
Joint account holder last name (If applicable)	First name	Initial

## 2. Loans Pre-authorized debit Personal (PAD) information

- ☐ One-time payment to my loan  
Withdraw \$\_\_\_\_\_ From the bank account noted in Section 4 on \_\_\_\_\_ (mm/dd/yyyy) and apply to my loan.
- ☐ Change the amount of my regular payment commencing the next payment date to \$\_\_\_\_\_
- ☐ Change my next regular payment date to \_\_\_\_\_ (mm/dd/yyyy) ☐ Other: \_\_\_\_\_

**Note: A minimum notification of ten (10) business days prior to the next PAD payment is required to change or process PAD instructions.**

## 3. Banking Pre-authorized debit Fund Transfer (PAD) information

- ☐ Personal ☐ Business
- ☐ Regular deposit ☐ Existing instructions ☐ New instructions  
Withdraw \$\_\_\_\_\_ from the bank account noted in section 4 at the frequency selected below for deposit to my B2B Bank account
- ☐ Frequency: ☐ Existing instructions ☐ New instructions  
Effective date \_\_\_\_\_ (mm/dd/yyyy)
- ☐ Monthly ☐ Bi-weekly ☐ Weekly  
☐ Semi-monthly: \_\_\_\_\_ and \_\_\_\_\_ day of each month
- ☐ One-time deposit  
Withdraw \$\_\_\_\_\_ from the bank account noted in section 4 on \_\_\_\_\_ (mm/dd/yyyy) for deposit to my B2B Bank account.
- ☐ Change the amount of my existing instructions to \$\_\_\_\_\_
- ☐ Other: \_\_\_\_\_

**Note: A minimum notification of ten(10) business days prior to the next PAD payment is required to change or process PAD instructions.**

## 4. Banking information

<input type="checkbox"/> Change banking information for scheduled payments <input type="checkbox"/> Use banking information on file	<input type="checkbox"/> Change banking information for a one time payment <input type="checkbox"/> VOID cheque attached	
Financial institution	Branch address	
Transit number	Bank number	Account number

If the attached cheque is for a joint account in the name of the Account Holder(s) and another joint account holder whose signature is required on withdrawals issued against the account, any joint account holder that is not an Account Holder or Joint Account Holder on this application must sign this authorization immediately below:

Signature of Joint Account Holder \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

## 5. Signatures and authorization

- By signing this form, I/we authorize B2B Bank to debit the account held at the financial institution indicated on this agreement, the amounts noted above and in the frequencies instructed. I/We agree that payments shall be made by pre-authorized debit or electronic withdrawals or in such manner as B2B Bank may determine. I/we understand that the branch of the financial institution where the account is held is not required to verify that the payment is drawn in accordance with this authorization.
- I/We hereby waive the requirements of the Payments Canada Rule H1 for advanced notice regarding the amount(s) payable or the due dates of debits from my/our account and each time a change is made to the debit amounts or debit due dates. I/we also acknowledge that I/we have received a copy of this PAD and expressly waive the right to receive any other form of confirmation of this PAD prior to the first pre-authorized debit.
- I/We 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.
- B2B Bank is authorized to accept changes to this agreement from my/our registered dealer or my financial advisor in accordance with the policies of B2B Bank.
- I/We confirm that all persons whose signatures are required to authorize transactions in the bank account specified in Section 4 have signed this agreement below.
- I/We may change these instructions at any time, provided that B2B Bank receives at least 10 days notice by mail or fax. I/We may cancel this plan at any time, provided that B2B Bank receives 30 days notice by mail or fax. To obtain a copy of a cancellation form or for more information regarding my/our right to cancel a pre-authorized debit agreement, I/we may consult with my/our financial institution or visit the Payments Canada website at [payments.ca](http://payments.ca). B2B Bank may also cancel this agreement in accordance with Payments Canada rules.
- I/We have certain recourse rights if any debit does not comply with this agreement. For example, I/we 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 my/our recourse rights, I/we may contact my/our financial institution or visit [payments.ca](http://payments.ca).
- I/we may contact B2B Bank at 199 Bay Street, Suite 600, PO Box 279 STN Commerce Court Toronto ON M5L 0A2 or toll free at 1.800.263.8349.
- I/We acknowledge and agree that I/we are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which I/we may be held accountable.
- I/We have requested this application form and all other documents relating hereto to be in English. J'ai exigé/Nous avons exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.

**The undersigned hereby authorizes the execution of the above.** My/Our financial institution is authorized to treat each debit as if I/we had issued a cheque authorizing such payment and debit.

Client signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_ Client signature \_\_\_\_\_ Date (mm/dd/yyyy) \_\_\_\_\_

SEE OVERLEAF

	<b>B2B BANK</b> Fax to: 416-947-9476 / 1-866-941-7711 199 Bay Street, Suite 600 PO Box 279 STN Commerce Court Toronto ON M5L 0A2	<b>Pre-authorized Debit Agreement</b> Please complete, sign & email to loanpostfunding@b2bbank.com <b>NOTE:</b> Include loan # in the subject line
<b>Account number:</b> _____ <input type="checkbox"/> Loans <input type="checkbox"/> Deposits <input type="checkbox"/> Banking Services		
<b>1. Client Information</b>		
Last name _____ Joint account holder last name (if applicable) _____	First name _____ First name _____	
<b>2. Loans Pre-authorized Debit Personal (PAD) Information</b>		
<input type="checkbox"/> One-time payment to your loan <span style="float: right;"><input type="checkbox"/> Change the amount of my regular payment commencing the next payment date to \$ _____</span>		
Withdraw \$ _____ from the bank account noted in Section 4 on (mm/dd/yyyy) and apply to my loan. <span style="float: right;">Note: Changes to interest only variable payment amounts are set for the remainder of the current calendar year. Amounts will be reset for the next calendar year.</span>		
<input type="checkbox"/> Change my next regular payment date to (mm/dd/yyyy) <span style="float: right;">Or Other: _____</span>		
Note: A minimum notification of ten (10) business days prior to the next PAD payment is required to change or process PAD instructions.		
<b>3. Banking Pre-authorized Debit Fund Transfer (PAD) Information</b>		
<input type="checkbox"/> Personal <input type="checkbox"/> Business <span style="float: right;"><input type="checkbox"/> One-time deposit</span>		
<input type="checkbox"/> Regular deposit <input type="checkbox"/> Existing instructions <input type="checkbox"/> New instructions <span style="float: right;">Withdraw \$ _____ from the bank account noted in section 4 on (mm/dd/yyyy) for deposit to my B2B Bank account.</span>		
<input type="checkbox"/> Frequency: <input type="checkbox"/> Existing instructions <input type="checkbox"/> New instructions <span style="float: right;"><input type="checkbox"/> Change the amount of my existing instructions to \$ _____</span>		
Effective date (mm/dd/yyyy) <span style="float: right;">Or Other: _____</span>		
<input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Weekly		
<input type="checkbox"/> Semi-monthly, _____ and _____ day of each month		
Note: A minimum notification of ten(10) business days prior to the next PAD payment is required to change or process PAD instructions.		
<b>4. Banking information</b>		
<input type="checkbox"/> Change banking information for scheduled payments <span style="float: right;"><input type="checkbox"/> Change banking information for a one time payment</span>		
<input type="checkbox"/> Use banking information on file <span style="float: right;"><input type="checkbox"/> VOID cheque attached</span>		
Financial Institution	Branch address	
Transit number	Bank number	Account number
If the attached cheque is for a joint account in the name of the Account Holder(s) and another joint account holder whose signature is required on withdrawals issued against the account, any joint account holder that is not an Account Holder or Joint Account Holder on this application must sign this authorization immediately below:		
Signature of Joint Account Holder _____ Date (mm/dd/yyyy) _____		
<b>5. Signatures and Authorization</b>		
1. By signing this form, I/we authorize B2B Bank to debit the account held at the financial institution indicated on this agreement, the amounts noted above and in the cheques instructed. I/we agree that payments shall be made by pre-authorized debit or electronic withdrawals or in such manner as B2B Bank may determine. I/we understand that the branch of the financial institution where the account is held is not required to verify that the payment is drawn in accordance with this authorization.		
2. I/we hereby waive the requirements of the Payments Canada Rule H1 for advanced notice regarding the amount(s) payable or the due dates of debits from this PAD and expressly waive the right to receive any other form of confirmation of this PAD prior to the first pre-authorized debit.		
3. I/we 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.		
4. I/we are authorized to accept changes to this agreement from my/our registered dealer or my financial advisor in accordance with the policies of B2B Bank.		
5. I/we confirm that all persons whose signatures are required to authorize transactions in the bank account specified in Section 4 have signed this agreement below.		
6. I/we have changed this agreement all any time, provided that B2B Bank receives all least 10 days notice by mail or fax. I/we may cancel this plan at any time, provided that B2B Bank receives 30 days notice by mail or fax. To obtain a copy of a cancellation form or for more information regarding my/our right to cancel a pre-authorized debit agreement, I/we may consult with my/our financial institution or visit the Payments Canada website at payments.ca. B2B Bank may also cancel this agreement in accordance with Payments Canada rules.		
7. I/we warrant not to request reimbursement if any debt does not comply with this agreement. For example, I/we have the right to receive reimbursement for any debt that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit payments.ca.		
8. I/we have contacted B2B Bank at 199 Bay Street, Suite 600, PO Box 279 STN Commerce Court Toronto ON M5L 0A2 or toll free at 1-800-263-8349.		
9. I/we acknowledge and agree that I/we are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or for any other reason for which documents y different source rights in angles.		
10. I/we have requested this application form and all other documents relating hereto to be in English. /j'ai exigé/avons exigé que ce formulaire et tous les documents y différents sources droits en angles.		
The undersigned hereby authorizes the execution of the above. My/Our Financial institution is authorized to treat each debit as if I/we had issued a cheque authorizing such payment and debit.		
Client signature	Date (mm/dd/yyyy)	Client signature
Date (mm/dd/yyyy)		
<b>SEE OVERLEAF</b>		

In addition to the date, the Client or the Authorized Signing Officer, as applicable, and Advisor signatures are required on this form. Also, the Dealer and Advisor numbers are required to ensure that commission and service fees are credited correctly, where applicable.