



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

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

Change banking information for scheduled payments Change banking information for a one time payment
 Use banking information on file 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. 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.
- 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) _____

Instructions on how to complete this form

 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@b2b.com NOTE: Please include loan # in the subject line	
Account number: _____ <input type="checkbox"/> Loans <input type="checkbox"/> Deposits <input type="checkbox"/> 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			
<input type="checkbox"/> One-time payment to my loan <input type="checkbox"/> Change the amount of my regular payment commencing the next payment date to \$ _____			
Withdraw \$ _____ from the bank account noted in section 4 on _____ (mm/dd/yyyy) and apply to my loan.		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.	
<input type="checkbox"/> Change my next regular payment date to _____ (mm/dd/yyyy) <input type="checkbox"/> 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			
<input type="checkbox"/> Personal <input type="checkbox"/> Business <input type="checkbox"/> One-time deposit		Withdraw \$ _____ from the bank account noted in section 4 on _____ (mm/dd/yyyy) for deposit to my B2B Bank account.	
<input type="checkbox"/> Regular deposit <input type="checkbox"/> Existing instructions <input type="checkbox"/> New instructions		<input type="checkbox"/> Change the amount of my existing instructions to \$ _____	
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"/> Change banking information for a one time payment		<input type="checkbox"/> Use banking information on file <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			
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 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.			
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 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.			
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. 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.			
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 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 contact 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 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.			
8. 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.			
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 any other reason for which I/we may be held accountable.			
10. 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 afférent 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		Page 1 of 1	
		618-03-190E (03/27/2024)	

Not applicable for Locked in RSP, LIRA, RIF, LIF, LRIF, PRRIF, RLIF or RLSP account types.

Method of transmission

Send via email, fax or mail to B2B Bank. B2B Bank is not responsible for duplicate transactions if the request is sent more than once.

Account number

Provide the Client's B2B Bank account number.

Client information

Provide the information requested regarding the Client's name.

Pre-authorized debit (PAD) information

Personal PAD: this is drawn on the account of a Payor for payments such as, but not limited to, charitable donations, non-Member investment contributions, mortgage installments, utility bills, insurance premiums, membership fees, property taxes, credit card billings, lines of credit, loans and payment for other consumer goods or services.

Business PAD: this is drawn on the account of a Payor for the payment of goods or services related to a Business or commercial activity of the Payor, including, but not limited to, payments between franchisees and franchisors, distributors and suppliers, and dealers and manufacturers.

Funds Transfer PAD: When the Payor and the Payee are the same individual, a Funds Transfer PAD is drawn on the account of a Payor for the purpose of transferring funds from their account at one Member to their account at another Member, including, but not limited to, registered savings plan and mutual funds

Complete section 2 if the Client wishes to begin, or make a change to, a PAD on an existing account. Indicate both the frequency required and the commencement date. If this information is not indicated, the plan will be established for the next scheduled payment (monthly basis for Investment Loans). A void cheque from a personal account imprinted with the Client's name must be attached (on a separate page) for a new PAD or a change in banking information.

For cash distributions on Investment Loans, this option is not available for no margin call, 100% interest only Investment Loans.

Investment instructions on PAD

Indicate the mutual fund code (mandatory), the mutual fund account number and the amount or percentage of each purchase. This section is only applicable to Investment Loans.

Banking information

Provide information regarding the Client's bank account from which they wish to have the noted transactions debited. A void cheque from a personal account imprinted with the Client's name must be attached (on a separate page) for a new PAD or a change in banking information. If the void cheque is for a joint account in the name of the Client and another account holder whose signature is required on withdrawals issued against the account that will be debited, any joint account holder that is not an account holder on the B2B Bank account must sign section 4 of this form.

Signatures and authorization

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.