

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	s 🗌 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) ir	formation					
☐ One-time payment to my loan  Withdraw \$ From the bank account noted		☐ Change the amount of my regular payment commencing the next payment date to \$				
in Section 4 onand apply to r	ny loan.					
☐ Change my next regular payment date to	ld/yyyy)	Other:				
Note: A minimum notification of ten (10) business day	s prior to the next PA	D payment is requ	ired to change or process PAD instructions	s.		
3. Banking Pre-authorized debit Fund Transfer (	PAD) information					
☐ Personal ☐ Business	,	☐ One-time depo	sit			
		Withdraw \$ from the bank account noted				
☐ Regular deposit ☐ Existing instructions ☐ New instructions		in section 4 on for deposit to my B2B Bank				
Withdraw \$ from the bank a section 4 at the frequency selected below for deposit account	to my B2B Bank	account.	(mm/dd/yyyy)			
☐ Frequency: ☐ Existing instructions ☐ New instru	ıctions	_	mount of my existing instructions to \$			
Effective date(mm/dd/yyyy)		☐ Other:				
☐ Monthly ☐ Bi-weekly ☐ Weekly						
☐ Semi-monthly: and	ay of each month					
Note: A minimum notification of ten(10) business days	-	D payment is requi	red to change or process PAD instructions	<b>3.</b>		
4. Banking information			-			
☐ Change banking information for scheduled paymer	nts	Change bankir	ng 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 t against the account, any joint account holder that is not an A						
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 frequencies instructed. I/We agree that payments shall be I/we understand that the branch of the financial institution authorization.	made by pre-authorize n where the account is	d debit or electronic held is not required	withdrawals or in such manner as B2B Bank m I to verify that the payment is drawn in accord	nay determine. Jance with this		
2. I/We hereby waive the requirements of the Payments from my/our account and each time a change is made this PAD and expressly waive the right to receive any 3. I/We agree that the information in this form will be shared for the proper application of the rules applicable for pre-are	to the debit amounts other form of confirm with the financial instituti	or debit due dates. ation of this PAD p	I/we also acknowledge that I/we have receing to the first pre-authorized debit.	ved a copy of		
4. B2B Bank is authorized to accept changes to this agreem. 5. I/We confirm that all persons whose signatures are requir 6. I/We may change these instructions at any time, provide provided that B2B Bank receives 30 days notice by mail pre-authorized debit agreement, I/we may consult with my	ent from my/our registere ed to authorize transacti d that B2B Bank receive or fax. To obtain a copy	ions in the bank acco es at least 10 days of of a cancellation for	ount specified in Section 4 have signed this agr notice by mail or fax. I/We may cancel this pla rm or for more information regarding my/our ric	reement below. an at any time, aht to cancel a		
this agreement in accordance with Payments Canada rule 7. I/We have certain recourse rights if any debit does not conot authorized or is not consistent with this pre-authorized institution or visit payments.ca.	es. mply with this agreemer debit agreement. To obt	nt. For example, I/we tain more information	e have the right to receive reimbursement for an n on my/our recourse rights, I/we may contact m	-		
<ol> <li>I/we may contact B2B Bank at 199 Bay Street, Suite 600,</li> <li>I/We acknowledge and agree that I/we are fully liable for I/we may be held accountable.</li> </ol>	any charges incurred if t	the debits cannot be	made due to insufficient funds or any other rea			
<ol> <li>I/We have requested this application form and all othe documents y afférant soient rédigés en anglais.</li> </ol>	_	_				
The undersigned hereby authorizes the execution of the authorizing such payment and debit.	ie above. My/Our finan	icial institution is aut	thorized to treat each debit as if I/we had issu	ed a cheque		
Client signature Date (m	ım/dd/yyyy)	Client signature	Date (mm/dd/	уууу)		

# Instructions on how to complete this form

B2B BANK	Fax to: 416.947.9476 or 1.866.9 199 Bay Street, S PO Box 279 STN Commen Toronto ON M	uite 600 ce Court	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		F	irst name		Initial	
Joint account holder last n	ame (If applicable)	F	irst name		Initial	
2. Loans Pre-authorize	ed debit Personal (PAD) inform	ation				
One-time payment to my	/ loan		Change the amour	t of my regular payment commencing the	next payment	
Withdraw \$	Froom the bank ac		date to \$			
in Section 4 on	and apply to my los	rem	te: Changes to inte nainder of the curr endar year.	erest only variable payment amounts are ent calendar year. Amounts will be reset	set for the for the next	
Change my next regular	payment date to		Other:			
loto: A minimum notifica			naumont is room	ired to change or process PAD instru	etione	
		DO NOT ANY DO NOT SHOW THE	payment is requ	ned to change or process PAD instru	ctions.	
3. Banking Pre-author  Personal Busine	ized debit Fund Transfer (PAD		☐ One-time depo	olt		
			Withdraw \$_	from the bank as	count noted	
Regular deposit Existing instructions New instructions Withdraw S from the bank account noted in		t noted in	in section 4 on for deposit to my B2B Bank			
section 4 at the freque account	ency selected below for deposit to my	B2B Bank	account.	(mm/dd/yyyy)		
☐ Frequency: ☐ Exis	ting instructions   New instructions		☐ Change the a	mount of my existing instructions to \$		
Effective date		-	☐ Other:			
(mm	n/dd/yyyy)					
☐ Monthly ☐ E	i-weekly Weekly	each month				
			avment is require	d to change or process PAD instructi	ons.	
4. Banking informatio	n					
•	formation for scheduled payments		☐ Change bankir	ng information for a one time payment		
<ul> <li>Use banking inform</li> </ul>	nation on file		☐ VOID cheque	attached		
Financial institution		В	ranch address			
Transit number	Ban	k number		Account number		
f the attached cheque is for gainst the account, any join	r a joint account in the name of the Ac nt account holder that is not an Accoun	count Holder(s) and nt Holder or Joint Ac	another joint acco	unt holder whose signature is required on is application must sign this authorization	withdrawals issu immediately belo	
Signature of Joint Account	Holder Date	(mm/dd/yyyy)				
<ol><li>Signatures and aut</li></ol>	horization					
aumorization.  I/We hereby waive the r from my/our account an this PAD and expressly.  I/We agree that the inform for the proper application.  B2B Bank is authorized to. I/We confirm that all person.  I/We confirm that all person.  I/We are the B2B Bank r pre-authorized debt agree this agreement in accords.  I/We have certain recours and authorized or is not contain the product of the product	audirements of the Payments Canal do ach time a change is made to the do ach time a change is made to the healton in this form will be shared with it of the rules applicable for pre-authoris oacept changes to this agreement from swhose signatures are required to instructions at any time, provided that eceives 30 days notice by mail or fax ment, live may consult with mylour fiance with Payments Canada rules, are rights if any debt does not comply the rights if any debt does not comply	da Rule H1 for ad- e debit amounts o form of confirmat e financial institution ted debits. m my/our registered authorize transactio B2B Bank receives. To obtain a copy o annotal institution or with this agreement.	vanced notice reg r debit due dates, tion of this PAD p n, insofar as the did d dealer or my finar ns in the bank acc s at least 10 days of a cancellation for visit the Payments For example, liwe in more information	contained on this agreement, the amounts not windrowsker or in soft manner as \$2.62 b to verify that the payment is drawn in a payment in the payment is drawn in a profit of the payment is drawn in a profit of the payment in the payment in the payment in the payment in colors of this information is dredly other though a profit of the payment in payment in the payment is cannot be profit or payment in the payment is cannot be cannot worked in a payment is a cannot be the payment is a payment is payment is payme	lue dates of deb received a copy ed to and necessi is of B2B Bank. is agreement beld is plan at any tin our right to cance ank may also can for any debit that	
<ol> <li>I/We may be neid account</li> <li>I/We have requested the documents y afferant soil</li> </ol>	table. ils application form and all other docu ent rédigés en anglais.	ments relating here	eto to be in English	n. J'ai exigé/Nous avons exigé que ce fo	rmulaire et tous l	
The undersigned hereby authorizing such payment a	aumorizes the execution of the abound debit.	ove. My/Our financi	iai institution is aul	horized to treat each debit as if I/we had	i issued a cheque	
Client signature	Date (mm/dd	(	Client signature	Date (mr	n/dd/yyyy)	
SEE OVERLEAF		Page 1	of 1	618-03	-190E (03/27/20	

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. Indiciate 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.