


Instructions on how to complete this form

		ONLY one method required <input type="checkbox"/> Copy by fax <input type="checkbox"/> Original by mail/courier		Personal Pre-authorized Debit Agreement for Mortgages Held in a Registered Plan Fax to: 416.413.0733 Tel: 416.413.7201 199 Bay Street, Suite 610 PO Box 35 STN Commerce Court Toronto ON M5L 0A3	
A division of B2B Bank Securities Services Inc.					
1. Mortgagor-Payor Information					
Last name		First name		Initial	
Joint bank account holder last name (if applicable)		First name		Initial	
Company/Corporation name					
2. Additional Information					
Mortgagor/Borrower name					
Property address (street no. & name, apt. no.)					
City		Province		Postal code	
3. Pre-authorized debit (PAD) instructions					
Effective date: _____					
<input type="checkbox"/> Commence PAD (see chart below for details) <input type="checkbox"/> Change next PAD date to: _____ (mm/dd/yyyy)					
<input type="checkbox"/> Change existing fixed PAD amount (see chart below for details) <input type="checkbox"/> Attached is a cheque for the first monthly payment					
<input type="checkbox"/> Change banking information for PAD <input type="checkbox"/> Other: _____					
B2B Bank Discount Brokerage Registered Plan number		Dollar amount		B2B Bank Discount Brokerage Registered Plan number	
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 (A void cheque must be attached.)					
Financial institution					
Branch address					
Transit number		Bank number		Bank account number	
5. Signatures and authorization					
1. By signing this form, I/we authorize B2B Bank on behalf of B2B Bank Discount Brokerages' client (the lender, hereinafter referred to as the "Planholder"), 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 any pre-qualification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to pre-authorized debits.					
3. I/we agree that the information in this form will be shared with the financial institution that holds my/our account, 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 the Planholder 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 consult with my/our financial institution or visit the Canadian Payments Association website at cdnpay.ca					
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 PAD Agreement. To obtain more information on my/our recourse rights, I/we may contact my/our financial institution or visit cdnpay.ca .					
8. I/we acknowledge and agree that I am/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.					
9. I/we acknowledge that B2B Bank may assign this PAD Agreement to another payee in the future.					
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 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.					
Mortgagor-Payor signature		Date (mm/dd/yyyy)		Joint bank account holder signature	
B2B Bank Discount Brokerage is a division of B2B Bank Securities Services Inc. (a member of the Canadian Investment Regulatory Organization (CIRO) and a member of the Canadian Investor Protection Fund (CIPF)). B2B Bank is a trademark used under license.					
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Method of transmission

Indicate whether this form is being submitted by fax or if the original form is being mailed or couriered to B2B Bank Discount Brokerage. Please note that B2B Bank Discount Brokerage is not responsible for duplicate transactions if the request is sent more than once.

Mortgagor-Payor information

Provide the information requested regarding the Mortgagor-Payor.

Pre-authorized debit (PAD) information

Complete this section if the Mortgagor-Payor 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. A void cheque imprinted with the Mortgagor-Payor's name must be enclosed for a new PAD or a change in banking information.

B2B Bank Discount Brokerage Registered Plan number

Provide the Planholder's B2B Bank Discount Brokerage Registered Plan number.

Banking information

Provide information regarding the Mortgagor-Payor's bank account from which they wish to have the noted transactions debited. A void cheque imprinted with the Mortgagor-Payor's name must be enclosed for a new PAD or a change in banking information.

Please enclose one (1) additional cheque for one (1) monthly payment.

Signatures and authorization

In addition to the date, the Mortgagor-Payor's signature is required on this form. The signature of all persons whose signatures are required to authorize transactions are also required on the form.