



ONLY one method required  
 Original by mail/courier  
 Copy by fax

# Pre-authorized Debit Agreement

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

B2B Bank Client Account number: \_\_\_\_\_

## 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 \$ \_\_\_\_\_  
 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.

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 banking information 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 any pre-notification requirements as specified by sections 15(a) and (b) of the Payments Canada Rule H1 with regards to pre-authorized debits.
- 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).
- 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)

# Instructions on how to complete this form

		ONLY one method required <input type="checkbox"/> Original by mail/courier <input type="checkbox"/> Copy by fax		<b>Pre-authorized Debit Agreement</b> 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	
<b>B2B Bank Client Account number:</b> _____					
<b>1. Client information</b>					
Last name		First name		Initial	
Joint account holder last name (if applicable)		First name		Initial	
<b>2. Loans Pre-authorized debit Personal (PAD) information</b>					
<input type="checkbox"/> One-time payment to my loan Withdraw \$ _____ from the bank account noted in section 4 on _____ (mm/dd/yyyy) and apply to my loan.		<input type="checkbox"/> Change the amount of my regular payment commencing the next payment date to \$ _____. 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.					
<b>3. Banking Pre-authorized debit Fund Transfer (PAD) information</b>					
<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 Withdraw \$ _____ from the bank account noted in section 4 at the frequency selected below for deposit to my B2B Bank account.		<input type="checkbox"/> Change the amount of my existing instructions to \$ _____.			
<input type="checkbox"/> Frequency: <input type="checkbox"/> Existing instructions <input type="checkbox"/> new instructions Effective date _____ (mm/dd/yyyy)		<input type="checkbox"/> Other: _____			
<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 <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 banking information 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 frequencies instructed. I/we agree that payments shall be made by pre-authorized debit or electronic withdrawal 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-notification requirements as specified by sections 15(a) and (b) of the Payments Canada 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, 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 consult with my/our financial institution or visit the Payments Canada website at <a href="http://payments.ca">payments.ca</a> .					
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 <a href="http://payments.ca">payments.ca</a> .					
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) _____	
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**Not applicable for Locked in RSP, LIRA, RIF, LIF, LRIF, PRRIF, RLIF or RLSP account types.**

## 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. Please note that 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.

## Section 1: Client information

Provide the information requested regarding the Client's name.

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

A Loans Pre-authorized debit (PAD) is a personal PAD drawn on the account of a Payor for payment on a loan.

Complete section 2 if the Client wishes to make a one-time payment or change a regular payment on an existing loan account. Section 4 must also be completed.

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

A Banking Pre-authorized debit (PAD) where the Payor and Payee is the same is a Funds Transfer PAD to transfer funds from the client's external bank account to B2B Bank account on a one-time or recurring basis.

Complete section 3 if the Client wishes to begin, or make a change to, a PAD on an existing account. Indicate the commencement date. Section 4 must also be completed.

## Section 4: Banking information

Provide information regarding the Client's bank account for the loan or banking PAD. 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 5 of this form.

## Section 5: Client authorization

In addition to the date, the Client signature is required on this form.