



(Request for Electronic Funds Transfer to Raymond James Ltd account)

The undersigned hereby authorize(s) RGF to draw funds from the noted financial institution for deposit to Raymond James Ltd. **(\$25.00 Minimum).**

CLIENT INFORMATION

Last Name:	First Name:
------------	-------------

PLEASE SELECT ONE OF THE FOLLOWING DATES

<input type="checkbox"/> The 1 st monthly \$	<input type="checkbox"/> The 15 th monthly \$	<input type="checkbox"/> The 15 th and month-end \$
<input type="checkbox"/> Preferred date: \$		<input type="checkbox"/> Weekly \$
If Spousal RRSP:	<input type="checkbox"/> Spousal Contribution	<input type="checkbox"/> Regular Contribution

PLEASE SELECT AND ATTACH ONE OF THE FOLLOWING

The noted Financial Institution is hereby authorized to pay and debit the account of the undersigned.

<input type="checkbox"/> Attached is a VOID personalized cheque. (Over the counter/non-personalized cheque(s) will not be accepted.) <input type="checkbox"/> Attached is a bank information form. A bank employee has completed the form and branch stamped the document. This is to verify that I the undersigned has ownership of the bank account.

PLEASE NOTE

<ol style="list-style-type: none"> All amounts payable to RGF are drawn on or directed to you by a chartered bank on behalf of the RGF. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned. You, the Payor, may revoke your authorization at any time by email or fax (see below) subject to providing notice of three (3) business days prior to the next scheduled payment. To obtain a sample cancellation form, or information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete,
email to: recurringevents.nonmutualfund@raymondjames.ca OR
fax to: (604) 654-1274

Date (mm/dd/yyyy) Client Signature(s)

Date (mm/dd/yyyy) Client Signature(s)

NOTE: For joint accounts, all depositors must sign this form if more than one signature is required on the cheque issued against the account.

BANK INFORMATION FORM

RGF requires this information to set up and perform automatic electronic debit or credit money transfers.

BANK INFORMATION TO BE COMPLETED BY THE FINANCIAL INSTITUTION

Bank Institution Number:	Bank Transit Number:
Bank Account Number:	

FINANCIAL INSTITUTION BRANCH STAMP

I hereby confirm the banking information indicated on this form is correct and that our client _____
has ownership of this bank account. *(First and Last Name)*

Bank Employee Signature: _____ Date: _____
(mm/dd/yyyy)

Bank Employee Name: _____

Title: _____

This form may be emailed to: recurringevents.nonmutualfund@raymondjames.ca or faxed to 604-654-1274



(Request for Electronic Funds Transfer to Raymond James Ltd account)

The undersigned hereby authorize(s) RGF to draw funds from the noted financial institution for deposit to Raymond James Ltd. **(\$25.00 Minimum).**

CLIENT INFORMATION

Last Name:	First Name:
------------	-------------

PLEASE SELECT ONE OF THE FOLLOWING DATES

<input type="checkbox"/> The 1 st monthly \$	<input type="checkbox"/> The 15 th monthly \$	<input type="checkbox"/> The 15 th and month-end \$
<input type="checkbox"/> Preferred date:	\$	<input type="checkbox"/> Weekly \$
If Spousal RRSP:	<input type="checkbox"/> Spousal Contribution	<input type="checkbox"/> Regular Contribution

PLEASE SELECT AND ATTACH ONE OF THE FOLLOWING

The noted Financial Institution is hereby authorized to pay and debit the account of the undersigned.

<input type="checkbox"/> Attached is a VOID personalized cheque. (Over the counter/non-personalized cheque(s) will not be accepted.) <input type="checkbox"/> Attached is a bank information form. A bank employee has completed the form and branch stamped the document. This is to verify that I the undersigned has ownership of the bank account.

PLEASE NOTE

<ol style="list-style-type: none"> All amounts payable to RGF are drawn on or directed to you by a chartered bank on behalf of the RGF. Your treatment of each debit shall be the same as if the undersigned has personally directed you to pay as indicated and to charge the amount specified to the account of the undersigned. You, the Payor, may revoke your authorization at any time by email or fax (see below) subject to providing notice of three (3) business days prior to the next scheduled payment. To obtain a sample cancellation form, or information on your right to cancel a PAD Agreement, contact your financial institution or visit www.cdnpay.ca. You have certain recourse rights if any debit does not comply with this agreement. For example, you 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 your recourse rights, contact your financial institution or visit www.cdnpay.ca.

When the form is complete,
email to: recurringevents.nonmutualfund@raymondjames.ca OR
fax to: (604) 654-1274

The CPA (Canadian Payments Association) requires that the client receives a copy of this form.

Date (mm/dd/yyyy)

CLIENT COPY

NOTE: For joint accounts, all depositors must sign this form if more than one signature is required on the cheque issued against the account.