

## PREAUTHORIZED DEBIT AGREEMENT

### CLIENT INFORMATION

Surname and First Name: \_\_\_\_\_

### INFORMATION ON ACCOUNT TO BE CREDITED

#### REGISTERED ACCOUNT

**TYPE:**  
  RRSP  
  Spousal RRSP  
  Restricted LSP  
  Restricted LIF  
  LIRA  
  LIF  
 RIF  
  Spousal RIF  
  RESP- Family  
  RESP – Individual  
  TFSA  
  QSSP

Account: \_\_\_\_\_

Preauthorized debit amount: \$ \_\_\_\_\_ (minimum \$50.00 / debit)

Frequency of debits:

Weekly<sup>1</sup>                                       Semi-monthly<sup>2</sup>  
 1<sup>st</sup> day of the month                       15<sup>th</sup> day of the month                       22<sup>nd</sup> day of the month

#### NON-REGISTERED

Account: \_\_\_\_\_

Preauthorized debit amount: \$ \_\_\_\_\_ (minimum \$50.00 / debit)

Frequency of debits:

Weekly<sup>1</sup>                                       Semi-monthly<sup>2</sup>  
 1<sup>st</sup> day of the month                       15<sup>th</sup> day of the month                       22<sup>nd</sup> day of the month

First debit (yy/mm): \_\_\_\_\_ / \_\_\_\_\_

### MODIFICATION(S)

- Change Amount from \$ \_\_\_\_\_ to \$ \_\_\_\_\_  
 Change Frequency from \_\_\_\_\_ to \_\_\_\_\_ (Date specified by client: \_\_\_\_\_)  
 Change Bank to (A new void cheque is attached)  
 Stop

### WITHDRAWAL AUTHORIZATION

I hereby authorize BBS Securities Inc. ("BBS") to debit my account in accordance with the terms and conditions regarding preauthorized debits stipulated in this agreement. I receive the right to revoke my authorization at any time by notifying BBS in writing. I absolve BBS of all responsibility if the cancellation is not respected, unless it is due to gross negligence on BBS' behalf. I will inform BBS of all changes to the information herein contained with a reasonable delay. I assent that my financial institution is not held to verify that they payment is deducted in accordance with my authorization. I acknowledge that the following consignment given to BBS is the equivalent of giving same authorization to the financial institution which will effectuate the withdrawals from my account as indicated above.

<sup>1</sup> Weekly debits occur on the 1<sup>st</sup>, 8<sup>th</sup>, 15<sup>th</sup> and 22<sup>nd</sup> day of each month

<sup>2</sup> Semi-monthly debits occur on the 1<sup>st</sup> and 15<sup>th</sup> day of each month

**CONDITIONS FOR REIMBURSEMENT**

In the event that a withdrawal occurs in error, I will be reimbursed within 90 days of the withdrawal on behalf of BBS by the financial institution which effectuates withdrawals from my account. Reimbursement will only occur for one or more of the following reasons:

- a. I have never given my written consent to BBS
- b. The withdrawal was not done in accordance to my authorization
- c. My authorization was duly revoked
- d. The withdrawal was taken from the wrong account due to an error of the financial institution

I understand that I must make a written declaration to this effect, which must be given to the financial institution with which I deal, on the form which it will provide.

I, the undersigned, authorize BBS to process periodic withdrawals from my financial institution, as identified below. I have read and accept the terms and conditions stipulated heretofore.

\_\_\_\_\_  
Signature of account holder (client)\_\_\_\_\_  
Date\_\_\_\_\_  
Signature of the Financial Advisor (if applicable)\_\_\_\_\_  
Date**INFORMATION ON THE FINANCIAL INSTITUTION**

Name of Financial Institution: \_\_\_\_\_ No. of Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_ Transit No. of Financial Institution: \_\_\_\_\_

\_\_\_\_\_ Bank Account No.: \_\_\_\_\_

Name of Account Holder at the Financial Institution: \_\_\_\_\_

(Please attach a personalized cheque marked "CANCELLED" or a copy of a document issued by financial institution such as a statement of account)

\_\_\_\_\_  
Signature of the individual holding the account at the financial institution  
(All account holders must sign this authorization)\_\_\_\_\_  
Date**Internal Use Only (To be completed by BBS Banking Department)**

Approved by:

Date: