



MEMBER INFORMATION

Name _____ Member # _____

Authorization to Transfer Funds From Another Financial Institution

For verification purposes, please attach one of your personal cheques marked "VOID"

I authorize AcceleRate Financial to arrange regular transfers (as specified below) into my AcceleRate Savings Account from the following account:

Name of Financial Institution _____

Address of Financial Institution _____

Account Number to transfer from: # _____ Effective Date: _____

Amount (min \$25; max \$1,500) \$ _____ Transfer To: AcceleRate Savings Variable RRSP * Variable TFSA*

Frequency Weekly Bi-Weekly Monthly

* Registered Contracts must already be open with AcceleRate Financial

Authorization to Change Transfer

I would like to change: Amount Frequency Date of transfer

Change amount from \$ _____ to \$ _____ (min. \$25)

Change frequency to: Weekly Bi-Weekly Monthly

Change transfer date to: _____

Authorization to Cancel Transfer

I would like to cancel the automatic debit from _____
Name of Financial Institution

Effective Date: _____

Reason: _____

Signature _____

Date _____

NOTE: Ten business days notice is required prior to the next transfer date. More information about cancellation may be obtained from AcceleRate Financial or by visiting www.cdnpay.ca .

Authorization

This form will serve as the "Payor's PAD Agreement" required by the Canadian Payments Association (CPA) for pre-authorized debits (PADs). This direct transfer PAD will be treated as a Funds Transfer PAD, given that the payor and the payee are the same individual and the purpose of the PAD is to transfer funds from the member's account at another financial institution to the member's account at AcceleRate Financial. The Funds Transfer PAD will be coded as CPA transaction type "650" therefore the member as payor will not have recourse within the CPA rules.

I/We understand and agree that I/we will be responsible for any costs which may be incurred to cancel, recall or stop payment on the Direct Transfer. As well, any charges that result from not stopping this Transfer will be at my/our expense. I/We warrant and guarantee that all persons whose signatures are required to sign on the transfer account have signed this agreement.

DATE: _____ SIGNATURE: _____ SIGNATURE: _____