



Personal Pre-Authorized Contribution

(RSP, TFSA, RESP, FHSA Accounts)

FAX/SCAN COPY ACCEPTABLE
 New PAC Change Existing Instructions Cancel Existing Instructions

Name: _____

RBC Direct Investing® Account Number _____

Type of Contribution (Check one only)
 RSP Spousal RSP TFSA RESP (Individual or Family¹) FHSA
Frequency

(Check one only)

Amount per Contribution

(Min. \$25/week, \$50/semi-monthly, \$100/month or \$300/quarter)

 Weekly² \$ _____ **.00 per week**
 Semi-Monthly³ \$ _____ **.00 twice per month**
 Monthly⁴ \$ _____ **.00 per month**
 Quarterly⁵ \$ _____ **.00 per quarter**

Start Date (MM/DD/YY) _____

¹ For Family RESP's only**Distributed As Follows** (add an appendix page if more than two)

Beneficiary 01: Surname _____ Given Name _____ % of Amount _____

Beneficiary 02: Surname _____ Given Name _____ % of Amount _____

² Based on start date and will be processed on the same day each week.³ Will be processed on the 15th and the last day of the month.⁴ Based on start date and will be processed on the same date each month.⁵ Based on start date and will be processed on the same date each quarter.

NOTE: Pre-Authorized Contribution payments which fall on a non-business day will be processed on the preceding business day unless the preceding business day falls in the previous month.

Pre-authorized Payment Source (Canadian dollars)

Debit my account at the following institution:

NAME OF FINANCIAL INSTITUTION _____

BRANCH ADDRESS _____ STREET _____

CITY _____

PROVINCE _____

POSTAL CODE _____

TRANSIT _____

Account Number _____

- Please attach a sample personalized deposit slip or cheque marked "VOID".

Until cancelled by me in writing, RBC Direct Investing Inc. (RBC Direct Investing) is hereby authorized to debit my account as per my instructions above, and to transfer, weekly, semi-monthly, monthly or quarterly, such amount to my RBC Direct Investing account. This is a Payor's Authorization for Pre-Authorized Debits.

I may revoke my authorization at any time, subject to providing notice of 30 days. To obtain a sample cancellation form, or for more information on my right to cancel a PAD Agreement, I may contact my financial institution or visit www.payments.ca.

I have certain recourse rights if any debit does not comply with this agreement. For example, I 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 recourse rights, I may contact my financial institution or visit www.payments.ca.

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200 Bay Street, North Tower, P.O. Box 75
Toronto, Ontario M5J 2Z5
Tel: 1-800-769-2560 or 1 (416) 977-1255
Fax: 1-888-722-2388

[X] _____
Client Signature

_____ Date (MM/DD/YY)