



Direct Investing

Pre-Authorized Contribution

(RSP, TFSA, RESP Accounts)

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)

Frequency

(Check one only)

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

Amount per Contribution

(Min. \$25/week, \$50/semi-monthly, \$100/month or \$300/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 pre-authorized debit is a Funds Transfer.

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.cdnpay.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.cdnpay.ca.

RBC Direct Investing Inc.
Royal Bank Plaza
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 _____

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