



Direct  
Investing

## 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 Family<sup>1</sup>) ☐ FHSA

### Frequency

(Check one only)

☐ **Weekly<sup>2</sup>** \$ \_\_\_\_\_ .00 per week  
☐ **Semi-Monthly<sup>3</sup>** \$ \_\_\_\_\_ .00 twice per month  
☐ **Monthly<sup>4</sup>** \$ \_\_\_\_\_ .00 per month  
☐ **Quarterly<sup>5</sup>** \$ \_\_\_\_\_ .00 per quarter

Start Date (MM/DD/YY) \_\_\_\_\_

### <sup>1</sup> 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 \_\_\_\_\_

<sup>2</sup> Based on start date and will be processed on the same day each week.

<sup>3</sup> Will be processed on the 15th and the last day of the month.

<sup>4</sup> Based on start date and will be processed on the same date each month.

<sup>5</sup> 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](http://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](http://www.payments.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 (MM/DD/YY)