

**Client Information:**

Client Name: \_\_\_\_\_ Client ID: \_\_\_\_\_

**Beneficiary Information: (if different than Client Information)**

Beneficiary Name: \_\_\_\_\_

Beneficiary Address (Street, City, Province, Postal Code): \_\_\_\_\_

**Type of PAD-EFT requested: (please check applicable box)**

New PAD-EFT                       Change to existing PAD-EFT                       Cancel existing PAD-EFT

**Payment Frequency:**

Transactional – Deposits will be initiated in accordance with the transactions you authorize.

**Beneficiary Bank Details:**

Canadian Bank Name: \_\_\_\_\_ Bank ID/Bank Number: \_\_\_\_\_

Canadian Bank Address: \_\_\_\_\_

Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Currency: \_\_\_\_\_

Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_ Currency: \_\_\_\_\_

⑈0 2 2⑈ ⑆00349⑆030⑆ 48⑆08430⑆  
Transit No.    Bank ID                      Account No.

**IMPORTANT:** For a new PAD-EFT, or change to existing PAD-EFT request, void cheques or a direct deposit form from the corresponding financial institution **must** be attached. The supporting document must include:

- Account/Client Name
- Transit Number (5 digits);
- Bank ID/Bank Number (3 digits); and
- Account Number in full