



Pre-authorized Chequing Agreement (not applicable for Locked-In RSP, LIRA, RIF, LIF, LRIF, PRIF, RLIF, or RLSP account types)

Part 1 – Investor Information

New Account (A completed investment application is required) Existing Account

First Name and Middle Name _____ Last Name _____ OR Corporation or Trust Name _____

Joint First Name and Middle Name (if applicable) _____ Joint Last Name (if applicable) _____

Part 2 – Investment Information

Frequency – please choose one
 Weekly Bi-weekly Monthly Specific date(s) of month account debited (max. 4) _____ Start Date (yyyy/mm/dd) _____

Fund Code	Fund Name	Account No.	Percentage (%)	Amount
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
Total				\$ _____

Part 3 – Banking Information

Name of Financial Institution _____ Transit _____ Bank Code _____ Account No. _____

Address _____ **Please attach a blank sample of your encoded cheque marked "VOID".**

Part 4 – Terms and Conditions

- **By signing this form, you hereby waive any pre-notification requirements under the Canadian Payments Association Rules to receive a written pre-notification prior to each pre-authorized debit as set out in the Rules.**
- You authorize CIBC in this agreement to debit the bank account provided for the amount(s) and in the frequencies instructed. If additional space is required a separate sheet may be attached.
- If this is for your own personal investment, your debit will be considered a Personal Pre-authorized Debit (PAD) by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAD. Monies transferred between CPA members will be considered a Funds Transfer PAD.
- You have certain recourse rights if a debit does not comply with this agreement. For example, you have the right to receive reimbursement for any debit that is not authorized or is not consistent with this pre-authorized debit agreement. To obtain more information on your recourse rights, you may contact your financial institution or visit www.cdnpay.ca.
- You confirm that all persons whose signatures are required to authorize transactions in the bank account provided have signed this agreement.
- You may change these instructions or cancel this plan at any time, provided that CIBC receives at least 10 business days notice by phone or by mail. To obtain a copy of a cancellation form or for more information regarding your right to cancel a pre-authorized debit agreement, please consult with your financial institution or visit the Canadian Payments Association website at www.cdnpay.ca. You agree to release the financial institution of all liability if the revocation is not respected, except in the case of gross negligence by the financial institution.
- CIBC is authorized to accept changes to this agreement from your registered dealer or your financial advisor in accordance with CIBC's policies, in accordance with the disclosure and authorization requirements of the CPA.
- You agree that the information in this form will be shared with the financial institution, insofar as the disclosure of this information is directly related to and necessary for the proper application of the rules applicable for pre-authorized debits.
- You acknowledge and agree that you are fully liable for any charges incurred if the debits cannot be made due to insufficient funds or any other reason for which you may be held accountable.
- You have requested this application form and all other documents relating hereto to be in English. *Vous avez exigé que ce formulaire et tous les documents y afférant soient rédigés en anglais.*

X _____ **X** _____
Investor Signature Date Representative Signature Date

X _____ _____
Joint Investor Signature Date Dealer Name Dealer/Rep Code

X _____ _____
Dealer Authorization Date