

# LEEDE FINANCIAL MARKETS INC.

## PRE-AUTHORIZED DEPOSIT FORM For Cash and RRSP Accounts

### Terms and Conditions

I (we) authorize the payee to debit my (our) account as indicated on the attached "void" cheque under the terms and conditions agreed to by me (us) with the payee until such time as written notice to the contrary is given.

I (we) acknowledge that delivery of my (our) authorization to the payee constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain an account and such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization. Termination of this authorization does not/may not terminate the contract for goods and services exchange.

I (we) acknowledge that the payee has the right in its sole discretion to terminate my (our) authorization, if through no fault of its own, the payee is unable to debit the account in the full amount specified in the authorization on any due date.

I (we) will notify the payee in writing of any changes in the account information or termination of this authorization prior to the next due date of the pre-authorized debit.

Items charged under any of the following conditions will be reimbursed subject to written notification by me (us) to the branch of account within 90 days.

- (a) I (we) never provided authorization to the payee
- (b) The pre-authorized debit was not drawn in accordance with my authorization
- (c) My authorization was revoked
- (d) The debit was posted to the wrong account due to invalid/incorrect information provided by the payee.

I (we) warrant that all persons whose signatures are required to sign on this account have signed this agreement.

### PRE-AUTHORIZED DEPOSIT PLAN AUTHORIZATION

#### PLEASE ATTACH A "VOID" CHEQUE WHEN SUBMITTING

NAME ON LEEDE FINANCIAL MARKETS INC. ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

IF ACCOUNT IS SPOUSAL RRSP, PLEASE NAME THE CONTRIBUTOR: \_\_\_\_\_

I (WE) AUTHORIZE LEEDE FINANCIAL MARKETS INC. TO PROCESS A DEBIT, IN PAPER, ELECTRONIC OR OTHER FORM IN THE AMOUNT OF \$ \_\_\_\_\_ ON MY/OUR ACCOUNT ON THE \_\_\_\_\_ DAY OF EACH MONTH BEGINNING \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF BANK ACCOUNT HOLDER(S)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

