

PAYEE:

	Name		Street No.	Street	City	Province	Postal Code
ACCOUNT TO CREDIT:	<input type="text" value="618"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Institution	Branch	Account		Suffix		

FINANCIAL INSTITUTION TO DEBIT:

	Name		Street No.	Street	City	Province	Postal Code	
ACCOUNT TO DEBIT:	<input type="text"/>	<input type="text"/>	<input type="text"/>				<input type="text"/>	<input type="text"/>
	Institution	Branch	Account No. of Holder					

ACCOUNT HOLDER:

<input type="text"/>	
Name 1	
<input type="text"/>	
Name 2 (if any)	

ADDRESS OF HOLDER:

Street No.	Street	City	Province	Postal Code
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I, the account holder, authorize the above-mentioned payee and financial institution to debit my account at the above-mentioned branch of the financial institution, in accordance with the conditions I have agreed upon with the payee, until such time that I give the payee written notice to the contrary.

The branch of the financial institution where I maintain the account is not required to check that the payment is withdrawn in accordance with this authorization.

PAYMENT SPECIFICATION

PAYMENT FREQUENCY: Monthly (Between the 1st and 28th of the month) Yearly Weekly

AMOUNT: \$

APPLICABLE ON: Savings account Chequing account Line of Credit

Debit of a fixed amount on a fixed date and at a fixed frequency.

A debit, in written form, electronic or otherwise, in the above-mentioned amount and frequency may be made from my account from the

_____ until _____ inclusive.
Date (D/M/Y) Date (D/M/Y)

(B2B Trust use only)
Date of last debit

The payee shall inform me, to the best of his/her knowledge, of the revised amount within a reasonable period of time.

<input type="text"/>
Date(D/M/Y)

I shall inform the payee in writing of any change to the information regarding the account or if this authorization is revoked before the next expiry date of this preauthorized debit.

In the event of one of the following, sums debited by error shall be reimbursed subject to a notice given by myself to B2B Trust within 90 days:

- a) I did not give the payee my authorization;
- b) The preauthorized debit was not withdrawn in accordance to this authorization;
- c) My authorization was revoked;
- d) The debit was applied to the wrong account due to an error made by the payee regarding the account information.

I understand that a written statement to this effect must be given to B2B Trust.

I recognize that giving this authorization to the payee constitutes his remitting it on my behalf to the above-mentioned financial institution.

INTERPRETATIVE CLAUSE:

Whenever the context so requires the singular number shall be interpreted as plural, the masculine gender as feminine or neuter, and vice-versa.

_____ Advisor	_____ Date	_____ Signature of the account holder(s)
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N.B.: Please attach a specimen (void) of a cheque from the above-mentioned institution. Also, if it is a joint account where several signatures are required, all of the account holders must sign the authorization.

TM: Advisor's Choice is a trade mark of B2B Trust.

35010-3 (04-2001) C.7 (Version française : 35011-6)