

Tel 604 683 0455 Fax 604 669 6978 www.westernpacifictrust.com

PRE-AUTHORIZED PAYMENT AGREEMENT ("PAPA")

I authorize Western Pacific Trust Company ("WPTC"), and the financial institution designated (or any other financial institution I may authorize at any time) to debit the bank account that I provide for regular annual recurring payments and/or for one-time payments from time to time as per my instructions as set out herein for payment of all charges and/or refunds arising under my plan(s), arrangements and agreements with WPTC. Regular annual payments for the full amount of services delivered will be debited from my specified account on the 5th day of the anniversary month. WPTC will obtain my authorization for any other one-time or sporadic debits. This authority is to remain in effect until WPTC has received written notification from me of its change or termination. I may revoke my authorization at any time in writing subject to providing notice of at least fifteen (15) days notice (but not longer than thirty (30) days). I may obtain a sample cancellation form, or for more information on my right to cancel a PAPA Agreement at my financial institution or by visiting www.cdnpay.ca. I have certain 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 PAPA. To obtain more information on my recourse rights, I may contact my financial institution, or visit www.cdnpay.ca.

Account Holder Na	me:			
Account Holder	Address 1:		Phone:	
	Address 2:		Email:	
	City:			
	Province:		Postal Code:	
Account Number:	8888-	Plan Type:	Plan Number ¹ :	
	<u></u>	Plan Type:	Plan Number ¹ :	
Fee information				
Other: \$ WPTC fees to be	ny Purchase Fee ² Details: Details: contains cash in	plan prior to processir	ng fees through the PAPA d (receipts issued once a yea	ır in March) ³
Payment information	on			
	Ss 2: City: rince: Code: Bank #:	Account #:		
ACCOUNT HOLI STREET ADDRESS CITY, PROVINCE POS		DATE	001	7
PAY TO THE ORDER OF		OID	\$	
BANK NAME BANK STREET ADDRI BANK CITY, PROVINC	ESS			
*	(05550) (004	1: 127864182	1 7 0 0	
"- 0 0 • "-	Branch / Transit Bank		4 T L I I	
	Number Numb	er Number		
Account Holder Sign	ature	Date		
Account Holder Nam	ne (please print)			

¹ If an account number and plan number have not been assigned, WPTC will input details once number(s) have been assigned.

² Based on WPTC Fee Schedule

³ RSP and Spousal RSPs only. Banking information must be from the account holder's bank account.

^{**}WPTC fee for each rejected Pre-Authorized Payment Agreement's is \$25 + tax.