

# PRE-AUTHORIZED CHEQUING (PAC) AUTHORIZATION FORM



## Pre-Authorized Chequing (PAC) Authorization Form

### 1 ACCOUNT INFORMATION

#### CURRENT OWNER(S):

LAST NAME	FIRST NAME
LAST NAME	FIRST NAME
New Account	FIERA CAPITAL CORPORATION ACCOUNT NUMBER

### 2 PAYOR INFORMATION

Mr. Mrs. Ms. Miss Other

LAST NAME	FIRST NAME	INITIALS	
ADDRESS	CITY	PROVINCE	POSTAL CODE
DATE OF BIRTH (YYYY/MM/DD)	RELATIONSHIP TO OWNER(S)		
OCCUPATION/BUSINESS OF PAYOR			

#### IF THE PAYOR IS A CORPORATION OR OTHER ENTITY:

INCORPORATION #	PLACE OF ISSUE
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### 3 PAYOR'S BANK ACCOUNT

TYPE OF ACCOUNT  Chequing  Savings Please attach personalized pre-printed void cheque



### 4 PAC DEPOSIT INFORMATION

If the PAC date falls on a non-business day, the PAC will be drawn on the next valuation date. \* The minimum amount for a PAC is \$50.

FREQUENCY:  Weekly\*  Bi-weekly\*  Monthly  Quarterly  Annually  Semi-annually

EFFECTIVE DATE (YYYY/MM/DD) - COMMENCE THIS PLAN ON (1ST TO 28TH OF MONTH)	TOTAL AMOUNT		
Fund name	Fund code	PAC amount	Sales Charge % (Initial Sales Charge only)
		\$	
	Total Dollar Amount	\$	

## 5 ACKNOWLEDGMENT

### TERMS OF PAC AUTHORIZATION

- You hereby authorize Fiera Capital Corporation to draw on the account at the financial institution which is identified on the attached void cheque (PAC Account) in the amount and frequency indicated for the purpose of making deposits to the Account. For the purpose of this authorization, you agree that all pre-authorized debits will be treated as personal. **By signing this form, you hereby waive any pre-notification requirement as specified by section 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to pre-authorized debits.** You warrant that all required signatures for the authorization of debits for the PAC Account are present in this Authorization. You consent to the disclosure of any personal information contained in this application to any third parties for the purpose of processing the PAC. You also understand and agree to all the terms and conditions.
- You certify that the information provided with respect to the PAC Account is accurate. You will provide Fiera Capital Corporation with a new void cheque if the PAC Account is changed.
- If this is for your own personal investment, your debit will be considered a Personal PAC by Canadian Payments Association definition. If this is for business purposes, it will be considered a Business PAC. Monies transferred between CPA members will be considered a Funds Transfer PAC.

### Cancellation of PAC Authorization

- This Authorization is continuing, except that you may cancel this Authorization at any time by giving Fiera Capital Corporation at least 10 days, notice in writing. You may obtain a cancellation form by contacting your financial institution.

### Cancellation of Right to Pay by PAC

Fiera Capital Corporation may cancel your right to pay by PAC:

- (a) If deposits by PAC are returned unprocessed. You will be required to notify us in writing to re-establish Deposits to the Account by PAC.
- (b) On 10 days, written notice to you.
- You have certain recourse rights if any debit does not comply with this Authorization. For example, you have the right to receive reimbursement if a debit is not authorized or is not consistent with this PAC Authorization. To obtain more information on your recourse rights, contact your financial institution.

## 6 AUTHORIZATION

SIGNATURE OF PAYOR

DATE (YYYY/MM/DD)

SIGNATURE OF PAYOR

DATE (YYYY/MM/DD)

SIGNATURE OWNER

DATE (YYYY/MM/DD)

## 7 IDENTITY / THIRD PARTY DETERMINATION

Provide the information below on the individual(s) submitting a PAC Authorization on behalf of a third party.

Name	Type of document	Document number	Issuing jurisdiction

## 8 ADVISOR INFORMATION

By signing below, I hereby declare that the information provided in this form are true, complete and correctly recorded to the best of my knowledge and belief, and that I am not aware of additional material information except as stated above. I have reviewed an original non-expired document to confirm the identity, and have witnessed the signature, of the Payor. Reasonable effort has also been exercised to determine if the Payor is acting on behalf of a third party.

DEALER CODE

REP CODE

INVESTMENT PROFESSIONAL'S NAME

INVESTMENT PROFESSIONAL'S SIGNATURE:

DATE (YYYY/MM/DD)

## Dealer Services

### Head Office

**FIERA CAPITAL CORPORATION**

1981 McGill College Avenue  
Suite 1500  
Montreal, Quebec H3A 0H5

**T** 1 866 323-5598 (toll free)

### Return Form via mail or fax to:

**FIERA CAPITAL CORPORATION C/O RBC INVESTOR & TREASURY SERVICES**

155 Wellington Street West  
3rd floor Imaging Team  
PO Box 7500, Station A  
Toronto, Ontario M5V 3L3

**T** 1 866 462-9946 (toll free)

**F** 416 955-7769

**F** 1 866 716-2977 (toll free)

[retailmarkets@fieracapital.com](mailto:retailmarkets@fieracapital.com)

[www.imaxxwealth.com](http://www.imaxxwealth.com)