

PRE-AUTHORIZED NON-REGISTERED DEPOSIT ENROLMENT FORM

A FOR PERSONAL ACCOUNTS

For Personal Accounts Please Check (✓) One

- ☐ This is my/our first enrollment
☐ I/we wish to cancel my enrollment
☐ I/we wish to change my banking information

By completing this authorization, the client is authorizing BMO InvestorLine Inc. to automatically withdraw funds from the client's account at the financial institution listed below (the "Financial Institution") for the purposes of a pre-authorized deposit to a BMO InvestorLine Non-Registered Account.

B PERSONAL INFORMATION

Title	Last Name			
First Name			Int.	
Home Address (number, street)				Suite Number
City or Town	Province	Postal Code		
BMO InvestorLine Account Number		Enrolment Date (YY/MM/DD)		

C BANKING INFORMATION Please attach a void cheque to ensure accuracy

Name of Bank or other Financial Institution		
Address (number, street)		Suite Number
City or Town	Province	Postal Code
Name(s) of Account Holder(s)		
Transit Number	Institution Number	
Account Number		

Please check options:

Frequency of Contributions:

- ☐ Monthly on the 1st ☐ Semi-monthly on the 1st and 15th
☐ Bi-weekly Fridays ☐ Monthly on the 15th
☐ Weekly Fridays

Periodic Contribution Amount: (minimum \$100.00 with increments of \$50.00)

Start Date of Contribution
(YY/MM/DD)

D A FEW DETAILS

- 1) In this Authorization "I", "me" and "my" refer to each client who signs below.
- 2) I agree to participate in this Pre-Authorized Non-Registered Deposit and I authorize BMO InvestorLine Inc. to draw a debit, in paper, electronic or other form (a "Pre-Authorized Debit"), on my account indicated above (the "Originating Account") under terms and conditions agreed to by me with BMO InvestorLine Inc.
- 3) I may revoke this Authorization at any time by delivering a written notice of revocation to BMO InvestorLine Inc. I agree that revocation of this Authorization does not terminate any contract for goods or services that exists between me and BMO InvestorLine Inc. This authorization applies only to the method of payment and does not have any bearing on any contract for goods and services exchanged.
- 4) I agree that the Financial Institution is not required to verify that any Pre-Authorized Debit has been drawn in accordance with this Authorization including the amount, frequency and fulfillment of purpose of any Pre-Authorized Debit.
- 5) I agree that the amount may be increased/decreased at a future date as agreed to in writing by me. BMO InvestorLine Inc. will, to the best of its ability, advise me in writing of the revised amount at least 30 days in advance of its date.
- 6) I may dispute a Pre-Authorized Debit (a "Disputed Debit") by providing a signed declaration to the Financial Institution under the following conditions:
 - i) An authorization was never provided to BMO InvestorLine Inc.;
 - ii) The Pre-Authorized Debit was not drawn in accordance with this Authorization, including failure to provide prior in case of variable amounts;
 - iii) This authorization was canceled;
 - iv) The Pre-Authorized Debit was posted to the wrong account due to invalid or incorrect information supplied by BMO InvestorLine Inc. On receipt of a written declaration from me that condition (i), (ii), (iii) or (iv) occurred, the Financial Institution will immediately reimburse me for any Disputed Debit up to 90 days after the date the Disputed Debit was posted in my account.
- 7) I agree that, after this 90 day period, I shall resolve any dispute that I may have concerning a Pre-Authorized Debit solely with BMO InvestorLine Inc.
- 8) I agree that delivery of this Authorization to BMO InvestorLine Inc. constitutes delivery by me to the Financial Institution.
- 9) I will inform BMO InvestorLine Inc., in writing, of any change in the Originating Account information provided in this Authorization prior to the next due date of the Pre-Authorized Debit.
- 10) I warrant that all persons whose signatures are required to sign on the Originating Account have signed this Authorization below.
- 11) I understand and agree to the foregoing terms and conditions and I acknowledge receipt of a copy of this Authorization.
- 12) I agree to reimburse BMO InvestorLine Inc. for any charges paid by BMO InvestorLine Inc. to its Financial Institution as a result of the amount of any Pre-Authorized Debit returned to the Financial Institution due to funds.
- 13) Applicable to the Province of Quebec only: It is the express wish of the parties that this Authorization and any related documents be drawn up and executed in English. Les parties conviennent que la présente autorisation et tous les documents s'y rattachant soient rédigés et signés en anglais.

Applicant Name:

Applicant's Signature:

Date
(YY/MM/DD):

Co-applicant Name:

Co-Applicant's Signature:

Date
(YY/MM/DD):