



**4. Payment Source Information**

Choose **one** of the following options:

**Electronic Funds Transfer (EFT) Agreement. For USD contributions, the VOID cheque must be for a USD account.**

Type of Account:  Personal  Business

Name of Financial Institution: \_\_\_\_\_ (the "Financial Institution")

**A VOID cheque must be attached**

In accordance with this Electronic Fund Transfer Agreement ("EFT Agreement"), I/we authorize Olympia and the Financial Institution to debit the account (the "Account") with the Financial Institution identified in the attached void cheque for the contribution(s) authorized by this Fee Payment & Contribution form and for such fixed and variable fee amounts identified on the Olympia Fee Schedule (as may amended from time to time) for services and products provided by Olympia with respect to my/our Olympia account. I acknowledge that such debits from the Account may occur on a monthly or annual basis depending on my/our contribution instructions and the services and products provided by Olympia. I/we also authorize Olympia to deposit with the Account with any amounts Olympia may pay to me/us, in Olympia's sole discretion. These authorizations are to remain in effect until Olympia receives written notification from me/us cancelling or changing these authorizations. Any written notice cancelling or changing these authorizations must be received by Olympia at least ten (10) business days, but not more than thirty (30) days, before the next scheduled debit. I/we may obtain a sample cancellation form, or more information on my/our right to cancel this EFT Agreement at my/our Financial Institution or by visiting [www.payments.ca](http://www.payments.ca). Olympia may not assign this EFT Agreement, whether directly or indirectly, by operation of law, change of control or otherwise, without providing me/us at least 10 days prior written notice. I/we have certain recourse rights if any debit does not comply with this EFT Agreement. For example, I/we have the right to receive reimbursement for any Electronic Funds Transfer that is not authorized or is not consistent with this EFT Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our Financial Institution or visit [www.payments.ca](http://www.payments.ca). Further by signing below, I/we represent and warrant that:

- 1) the Account number provided is held in my/our name(s), whether solely or jointly, and I/we have authority under the terms the applicable account agreement with the Financial Institution to authorize the debits and deposits contemplated by this EFT Agreement;
- 2) I/we shall not hold Olympia responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me/us or my/our Financial Institution or due to an error on the part of the Financial Institution in depositing any such funds to the Account;
- 3) I/we hereby waive my/our right to receive pre-notification of the amount of any pre-authorized debit or deposit made by Olympia in accordance this EFT Agreement and acknowledge that I/we shall not receive advance notice of any such pre-authorized debits or deposits before such debits and deposits are processed;
- 4) Olympia may change the Olympia Fee Schedule by providing you with thirty (30) days prior written notice of any such changes; and
- 5) This EFT Agreement is considered a personal pre-authorized debit agreement.

**Credit Card** (only available for fee payments)

Card Type:  Visa  MasterCard

Cardholder Name: \_\_\_\_\_

Card Number:

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Expiry Date mm/yy:

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**5. Authorization**

For USD contributions, I understand the contribution amount will be converted to CAD based on the Bank of Canada rate for tax reporting purposes.

I am the owner of the account(s) identified herein and certify all of the information on this direction is true, complete and correct. I understand Olympia may reject my request if the information contained in this direction is not true, complete and correct.

I hereby waive, release and forever discharge Olympia from any and all liability that Olympia may have for any losses, costs, damages, expenses, charges, taxes, penalties, assessments, fines, liabilities and obligations that I may suffer, pay or incur and, in addition, agree to indemnify, defend and hold Olympia harmless from and against any losses, costs, damages, expenses, charges, taxes penalties, assessments, fines, liabilities and obligations, including any legal fees and disbursements on a full indemnity basis, any costs incurred in connection with the enforcement of this indemnity and any indirect, incidental, consequential, exemplary, special or punitive losses or damages or loss of profits that Olympia may suffer, pay or incur to the extent arising out of, relating to, this direction or Olympia's reliance thereon.

\_\_\_\_\_  
Name of Authorized Bank Account  
Signatory or Cardholder

\_\_\_\_\_  
Signature of Authorized Bank  
Account Signatory or Cardholder

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Privacy Notice:** In providing services to you, we receive non-public, personal information about you. We receive this information through the transactions we perform for you and may also receive information about you by virtue of your transactions with our affiliates and other parties. We will hold your personal information in accordance with our Privacy Policy, a copy of which may be found on our website at [www.olympiustrust.com](http://www.olympiustrust.com).