

BANK CHANGE AUTHORIZATION FORM



Please allow a minimum of 10 business days prior to the scheduled Pre-Authorized Withdrawal Date for the new bank account change to be in effect. If this request is received within 10 business days of the requested withdrawal date, the bank change will be effective for the following month.

50 Burnhamthorpe Rd W., Suite 1000
 Mississauga, Ontario L5B 4A5
 Toll-free: 1 800 363-7377
 Email: contact@kff.ca
 Fax: 1 800 668-5007

RESP AGREEMENT/APPLICATION NUMBER(S):		
1 SUBSCRIBER INFORMATION		
(MR./MRS./MS.) SUBSCRIBER 1 FIRST NAME	SUBSCRIBER 1 LAST NAME	
(MR./MRS./MS.) SUBSCRIBER 2 FIRST NAME	SUBSCRIBER 2 LAST NAME	
2 BANK CHANGE REQUEST. Select all that apply.		
<input type="checkbox"/> CHANGE WITHDRAWAL DATE	Please circle day of withdrawal: 1 8 15 22	
<input type="checkbox"/> UPDATE BANKING INFORMATION	Attach a void cheque or pre-authorized debit form from your financial institution. The funds must be in Canadian currency in a bank account held at a Canadian financial institution. If the account holder is not a subscriber on the agreement(s), a <i>Third-Party Contributor Form</i> is required. The <i>Third-Party Contributor Form</i> is required when it is determined that a third party, someone other than the subscriber, is funding an agreement.	
<input type="checkbox"/> WITHDRAW MISSED DEPOSITS	I/We authorize the withdrawal of missed deposits in the amount of \$ _____ to be withdrawn on _____ (Date).	
3 ACCOUNT INFORMATION (if applicable)		
ATTACH VOID CHEQUE OR PRE-AUTHORIZED DEBIT FORM FROM YOUR FINANCIAL INSTITUTION		
Note: if a void cheque cannot be provided, please visit your financial institution to obtain a Confirmation of Banking Information Form.		
4 ACCOUNT HOLDER AUTHORIZATION (Required when the account holder is not a subscriber on the agreement)		
I/We authorize to change the account and/or withdrawal date from which the contributions are to be withdrawn. I/we acknowledge that these contributions, including any missed deposits noted in Section 2, will be applied towards the above noted agreement(s). I/We acknowledge the following: - If a pre-authorized debit is returned to the Depository by the bank for reason of non-sufficient funds, the bank may, at the suggestion of the Depository, draw on the bank account indicated above within thirty days of such return, any amount outstanding. If your bank or financial institution does not honour this pre-authorized debit the first time we present it for payment, we may attempt to withdraw that payment again within 30 days.		
ACCOUNT HOLDER 1 SIGNATURE	ACCOUNT HOLDER 2 SIGNATURE	DATE Y Y Y Y M M D D
5 SUBSCRIBER AUTHORIZATION		
I/We authorize to change the account and/or withdrawal date from which the contributions are to be withdrawn. I/we acknowledge that these contributions, including any missed deposits noted in Section 2, will be applied towards the above noted agreement(s). I/We acknowledge the following: - If a pre-authorized debit is returned to the Depository by the bank for reason of non-sufficient funds, the bank may, at the suggestion of the Depository, draw on the bank account indicated above within thirty days of such return, any amount outstanding. - If your bank or financial institution does not honour this pre-authorized debit the first time we present it for payment, we may attempt to withdraw that payment again within 30 days.		
SUBSCRIBER 1 SIGNATURE	SUBSCRIBER 2 SIGNATURE	DATE Y Y Y Y M M D D