

BANK CHANGE AUTHORIZATION FORM



Please allow a minimum of 5 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 5 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 indicate day of withdrawal: _____ (1 st to 28 th)		
<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. <small>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.</small>		
3 ACCOUNT INFORMATION (if applicable)		
ATTACH VOID CHEQUE OR PRE-AUTHORIZED DEBIT FORM FROM YOUR FINANCIAL INSTITUTION		
<small>Note: if a void cheque cannot be provided, please visit your financial institution's website or visit a branch to obtain a Confirmation of Banking Information Form.</small>		
4 ACCOUNT HOLDER AUTHORIZATION (Required when the account holder is not a subscriber on the agreement)		
<small>I/We authorize to change the account and/or withdrawal date from which the contributions are to be withdrawn.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 will be applied towards the above noted agreement(s).</small>		
ACCOUNT HOLDER 1 SIGNATURE	ACCOUNT HOLDER 2 SIGNATURE	DATE Y Y Y Y M M D D
5 SUBSCRIBER AUTHORIZATION		
<small>I/We authorize to change the account and/or withdrawal date from which the contributions are to be withdrawn.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 will be applied towards the above noted agreement(s).</small>		
SUBSCRIBER 1 SIGNATURE	SUBSCRIBER 2 SIGNATURE	DATE Y Y Y Y M M D D