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FINANCIAL



**EDUCATIONAL ASSISTANCE PAYMENT (“EAP”)**  
**AUTHORIZATION FORM**

Heritage Contract Number \_\_\_\_\_ (the “Plan”)

This form is to be completed and signed by the beneficiary (who is the student registered/enrolled in a post-secondary institution) of the Plan to re-direct the payment of this academic year’s educational assistance payment(s) (“EAPs”) into an account belonging to the subscriber. If the Plan is jointly held, the EAP payment can be deposited into an account belonging to either one of the subscribers. A subscriber is the owner of the Plan.

**Important instructions for completing this Authorization Form:**

1. Provide contact information of the subscriber(s). The email address is used to send the confirmation of payment electronically.
2. A pre-printed void cheque bearing the subscriber’s or subscribers’ name(s) **must** be submitted along with this authorization form.
3. Sign and date the form and return to us for processing.

Please issue payment to \_\_\_\_\_  
**PLEASE PRINT SUBSCRIBER’S OR SUBSCRIBERS’ FIRST AND LAST NAME(S)**

Address \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Email address to send confirmation: \_\_\_\_\_

I, \_\_\_\_\_ request that the EAPs be deposited to the  
**BENEFICIARY’S FIRST AND LAST NAME**  
account of the subscriber(s) as indicated above. A pre-printed void cheque (or a Pre-Authorized Debit Form) from a Canadian Financial Institution bearing the Recipient’s name is enclosed with this authorization form. I understand that failure to provide the requested information and/or documentation will delay processing the requested payment. If a valid void cheque or a Pre-Authorized Debit Form is not provided, **a fee of \$20.00 plus applicable taxes will be deducted from the payment.**

\_\_\_\_\_  
Beneficiary’s signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Beneficiary’s printed name