

# 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

|  |                            |                         |
|--|----------------------------|-------------------------|
| <b>RESP AGREEMENT/APPLICATION NUMBER(S):</b>   |                            |                         |
| <b>1 SUBSCRIBER INFORMATION</b>  |                            |                         |
| (MR./MRS./MS.) SUBSCRIBER 1 FIRST NAME   | SUBSCRIBER 1 LAST NAME     |                         |
| (MR./MRS./MS.) SUBSCRIBER 2 FIRST NAME   | SUBSCRIBER 2 LAST NAME     |                         |
| <b>2 BANK CHANGE REQUEST. Select all that apply.</b>   |                            |                         |
| <input type="checkbox"/> <b>CHANGE WITHDRAWAL DATE</b> Please indicate day of withdrawal: _____ (1 <sup>st</sup> to 28 <sup>th</sup> )   |                            |                         |
| <input type="checkbox"/> <b>UPDATE BANKING INFORMATION</b> 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.<br><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> |                            |                         |
| <b>3 ACCOUNT INFORMATION (if applicable)</b>   |                            |                         |
| <b>ATTACH VOID CHEQUE</b><br><b>OR</b><br><b>PRE-AUTHORIZED DEBIT FORM FROM YOUR FINANCIAL INSTITUTION</b>   |                            |                         |
| <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>  |                            |                         |
| <b>4 ACCOUNT HOLDER AUTHORIZATION (Required when the account holder is not a subscriber on the agreement)</b>  |                            |                         |
| <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<br>Y Y Y Y M M D D |
| <b>5 SUBSCRIBER AUTHORIZATION</b>  |                            |                         |
| <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<br>Y Y Y Y M M D D |