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Pre-Authorized Deposit (PAD) Form
Monthly Contribution Plan (MCP) Form

The Pre-Authorized Deposit (PAD) or Monthly Contribution Plan (MCP) is designed to deposit/contribute a fixed amount of money from your Canadian Dollar bank account at any Canadian financial institution to your TD Wealth or TD Direct Investing trading account or Registered Plan account.

Account Holder's Name(s): _____

Account Number: _____ [] RSP^1 [] RDSP^2 [] TFSA^3 [] RESP^4 [] Non-Registered

Pre-Authorized Deposit/ Monthly Contribution Plan Details

Account Holder's Name(s): _____

I/we authorize TD Waterhouse Canada Inc. ("The Payee") to process a debit in paper, electronic or other form in the amount \$ _____ from my/our bank account

Bank #: _____ Transit #: _____ Chequing Account # (void cheque required if not TDCT): _____

and credit this amount to my/our TD Account on a Please select basis beginning ____ __; _____. MM DD YYYY

For Registered Plan, contribution by: [] Annuitant [] Spousal Contributor

Terms and Conditions

- I/we authorize TD to debit my/our account, as indicated on the attached "VOID" cheque, under the terms and conditions agreed to by me/us with TD until such time as written notice to the contrary is given.
I/we acknowledge that the delivery of my/our authorization to the Payee constitutes delivery by me/us to the branch of the financial institution at which I/we maintain an account and that such financial institution is not required to verify that the payments are drawn in accordance with this authorization.
Termination of this authorization does not or may not terminate the contract for goods and services exchanged.
I/we acknowledge that TD has the right in its sole discretion to terminate my/our authorization if the Payee is unable to debit the account in the full amount specified authorization on any due date.
I/we acknowledge that, for a systematic contribution to any of my/our Registered Plan accounts, I/we am/are solely responsible (i) for ensuring that my/our contributions to such account(s) in any taxation year are within my/our contribution limit(s) for any such account(s) and (ii) for any penalty or interest imposed on me/us by the Canada Revenue Agency for any over-contribution to such account(s).
I/we acknowledge that items charged under the conditions of a) not in accordance with the above conditions, b) revoked authorization and c) incorrect account information will be reimbursed subject to written notification by me/us to the branch of account within 90 days.
I/we will immediately notify TD of any changes in the account information or termination of the agreement.

I/we warrant that all persons whose signatures are requested to sign on this account have signed this agreement.

I/we acknowledge I/we have read and understand all the provisions contained in the Terms and Conditions of the pre-authorized payment authorization and that I/we have received a copy.

Account Holder: _____ Date: ____/____/____ MM DD YYYY

Account Holder: _____ Date: ____/____/____ MM DD YYYY

Internal Instruction:

All requests must be submitted through TRAC to Client Cash Management. If the request is from a TDCT Branch, a scanned copy of the form must be sent to TDMCP.PAD@td.com.

1 Retirement Savings Plan (RSP) - Refers to the TD Waterhouse Self-Directed Retirement Savings Plan,
2 Registered Disability Savings Plan (RDSP) - Refers to the TD Waterhouse Disability Savings Plan,
3 Tax-Free Savings Account (TFSA) - Refers to the TD Waterhouse Tax-Free Savings Account,
4 Registered Education Savings Plan (RESP) - Refers to the TD Securities Inc. Self-Directed Education Savings Plan