

Mortgage Payment Authorization Form

Investment Account Services Division

Fax: (403) 261-6105

Email: mortgages@olympiatrust.com

1.	Lender		
	Information (Olympia Trust		
	Company Client)	Name	Account Number
2.	Borrower		
	Information	Nome	Mortgage Number
		Name	Mortgage Number
		Property Address	
3.	Payment Information	Please include start date and payment amount. Scheduled payments are processed with the selected frequency beginning on the Start Date.	
		One-Time Payment Amount: \$	
			Start Date:
		Frequency:	
		If Monthly is selected and Start Date is set on the 28 th , 29 th , 30 th , or 31 st of each month, the payment may be processed on the last day of the month.	
		Mortgage Related Payments	
		By selecting this tick box, I authorize Olympia Trust Company ("Olympia") to draw on the account identified below for	
		all mortgage payments and for any related mortgage charges for fees and services outlined in the Mortgage with respect to the above Mortgage Number.	
4.	Payment		
	Source	Name of Financial Institution:	(the "Financial Institution")
	Information	A VOID cheque must be attached	
5.	Authorization	In accordance with this Electronic Fund Transfer Agreement ("EFT Agreement"), I/we authorize Olympia and the Financial Institution to debit the account (the "Account") with the Financial Institution identified in the attached void cheque for the contribution(s) authorized by this Mortgage Payment Authorization form and for such fixed and variable fee amounts identified on the Olympia Fee Schedule (as may amended from time to time) for services and products provided by Olympia with respect to my/our Olympia account. I acknowledge that such debits from the Account may occur on a monthly or annual basis depending on my/our contribution instructions and the services and products provided by Olympia. I/we also authorize Olympia to deposit with the Account with any amounts Olympia may pay to me/us, in Olympia's sole discretion. These authorizations are to remain in effect until Olympia receives written notification from me/us cancelling or changing these authorizations. Any written notice cancelling or changing these authorizations must be received by Olympia at least ten (10) business days, but not more than thirty (30) days, before the next scheduled debit. I/we may obtain a sample cancellation form, or more information on my/our right to cancel this EFT Agreement at my/our Financial Institution or by visiting www.payments.ca. Olympia may not assign this EFT Agreement, whether directly or indirectly, by operation of law, change of control or otherwise, without providing me/us at least 10 days prior written notice. I/we have certain recourse rights if any debit does not comply with this EFT Agreement. For example, I/we have the right to receive reimbursement for any Electronic Funds Transfer that is not authorized or is not consistent with this EFT Agreement. To obtain a form for a Reimbursement Claim, or for more information on my/our recourse rights, I/we may contact my/our Financial Institution or visit www.payments.ca. Further by signing below, I/we represent and warrant that: 1) the Account number provided is	
		Name of Authorized Bank Account	Signature of Authorized Bank Account Date (mm/dd/yyyy)
		Signatory	Signature of Authorized Bank Account Date (mm/ad/yyyy) Signatory

Privacy Notice: In providing services to you, we receive non-public, personal information about you. We receive this information through the transactions we perform for you and may also receive information about you by virtue of your transactions with our affiliates and other parties. We will hold your personal information in accordance with our Privacy Policy, a copy of which may be found on our website at www.olympiatrust.com.

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