The Direct Deposit System allows the transfer of funds from your **Raymond James Ltd. Cash, Margin, TFSA** and/or **RSP** accounts directly to your bank account.

- Requests received prior to 8:00 a.m. Pacific Time will appear in your bank account the next business day.*
- b.) Requests received after 8:00 a.m. Pacific Time will appear in your bank account in 2 business days.*

*Some smaller financial institutions process the credit to your account less timely than others.

1 Account Holder I	nformation				
RJL Account Number		IA Code	Branch		
Account Holder Name					
Account Holder Name					
2 Currency (please	select only one)				
☐ \$CAD #	(From \$CAD Raymond James account to \$CAD Bank account ONLY)				
SUSD SUSD	(From \$USD Raymond James account to \$USD Bank account at a Canadian Bank ONLY)				
A A A A A A A A A A A A A A A A A A A	tha in				
3 Account Information					
Raymond James account number(s):					
Attached is a VOID cheque. (Over the counter/non-personalized cheque(s) will not be accepted)					
Use VOID cheque on file under Raymond James account #:					
Attached is a bank information form. A bank employee has completed the form and branch stamped the document.					
This is to verify that I have ownership and/or signing authority over the bank account. Please indicate currency (\$CAD or \$USD) on bank information form.					

I hereby authorize Raymond James Ltd to deposit funds directly to the bank account indicated on the attached void cheque or bank information form.

4 Client Signatures(s)	
Client Signature(s)	Date (YYYY-MM-DD)
Client Signature(s)	Date (YYYY-MM-DD)
Note: The second	

This document and all related documents, including all notices, are available in the French language. The Client has expressly requested that these documents be in the English language. Ce document et tous les documents qui s'y rattachent, y compris tous les avis, sont disponibles en verion francaise. Le client a expressement demandé que ces documents soient langue anglaise.

This form may be emailed by the branch to: recurringevents.nonmutualfund@raymondjames.ca or faxed to: 604-654-1274





Direct Deposit Authorization

Raymond James Ltd requires this information to set up and perform automatic electronic debit or credit money transfers.

	j			
1 Bank Information Form				
Bank Information to be completed by the Financial Institution				
Bank Institution Number:				
Bank Transit Number:				
Bank Account Number:				
Account Currency: \$\Boxed{\omega}\$				
2 Financial Institution Branch Stamp:				
I hereby confirm the banking information indicated on this form is correct and that our				
client has ownership of this (First and Last Name)	bank account.			
(First and Last Name)				
Bank Employee Name				
Title				
Bank Employee Signature	Date (YYYY-MM-DD)			
This form may be emailed by the branch to: recurringevents.nonmutualfund@raymondjames.ca or faxed to: 604-654-1274				