## **RAYMOND JAMES**®

## **Request for Automatic Disbursements from Cash / Margin Accounts or TFSAs**

1 Account Holder information:							
Account Holder Name				Account #	‡	IA Code	Branch
2 Currency							
	☐ \$CAD	*		SD*	for IGEs		
3 Internal Recurring Ev	vents:						
From RJ Account #:			Credit Ac	count #:			
For TFSA: Please review your clients TFSA yearly contribution.							
Reason for recurring events:							
4 Electronic Transfer C	Options:						
(Funds electronically transferred to client bank account and Internal Recurring to RJ Account)							
☐ Income Earned ☐ Fixed	Amount (specify):						
☐ Monthly (on pre	eferred date) *Specify if Other	☐ Weekly ☐ Start Date	☐ Bi-Weekly ☐ (	Quarterly	☐ Semi-N ☐ Mid & Last Da ☐ *Other	*Specify if O	·
Stop Date (YYYY-MM-DD):							
5 Please select and attach one of the following:							
The noted Financial Institution is hereby authorized to pay and debit the account of the undersigned.							
Attached is a VOID cheque. (Over the counter/non-personalized cheque(s) will not be accepted)							
Attached is a bank information form. A bank employee has completed the form and branch stamped the document. This is to verify that I the undersigned has ownership of the bank account.							
6 Signature(s)							
I hereby authorize Raymond James Ltd to debit my investment account at Raymond James Ltd on the schedule indicated by me above.							
Date (YYYY-MM-DD)	Client Signature(s)						
Date (YYYY-MM-DD)	Client Signature(s)						
	SIGN						
Please note:							
-Clients banking in rural locations may experience time delays in Automatic Funds Transfer. Time delays should not exceed five business days.							
-Income Generated EFT: If a client's RJL account has a debit balance, the client's monthly payments will not be processed.							
-Setting up Fixed/Income Earn option will also allow your Investment Advisor to perform one-time transfers to your bank account at your request.							
Date (YYYY-MM-DD)	Investment Advisor Signa	ature(s)					

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 version française. Le client a expressément demandé que ces documents soient en langue anglaise.

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



## Request for Automatic Disbursements from Cash / Margin Accounts or TFSAs

Raymond James Ltd requires this information to set up and perform automatic electronic debit or credit money transfers. **Bank Information Form** Bank Information to be completed by the Financial Institution Bank Institution Number: Bank Transit Number: Bank Account Number: \$CAD \$USD Account Currency: **Financial Institution Branch Stamp:** I hereby confirm the banking information indicated on this form is correct and that our client has ownership of this bank account. (First and Last Name) **Bank Employee Name** Title **Bank Employee Signature** Date (YYYY-MM-DD) SIGN This form may be emailed by the branch to: recurringevents.nonmutualfund@raymondjames.ca or faxed to: 604-654-1274