**SMART eSAVINGS™ ACCOUNT PRE-AUTHORIZED DEBIT (PAD) AND CREDIT (PAC) AGREEMENT**

Under this funds transfer Smart eSavings Account Pre-authorized Debit (PAD) and Credit (PAC) Agreement (the “agreement”, “PAD agreement” or “authorization”), Bridgewater Bank is allowed to debit or credit my external bank account (“bank account”) below at the financial institution (the “financial institution”) below for the purpose of a deposit to or a withdrawal from my Bridgewater Bank Smart eSavings account.(alternatively for the purpose of transferring funds between my Smart eSavings account and my external bank account). This agreement is made in compliance with Payments Canada Rule H1 (“Rule H1”).

**PAD Category:** This authorization is for a Personal PAD, as defined under Rule H1 of Payments Canada.

**Type of Service:** Customer initiated funds transfer between customer’s Smart eSavings Account and customer’s external bank account.

**Instructions:**

1. Please read the terms and conditions, then complete all sections.
2. Remember to attach a blank personal cheque marked ‘void’ OR fill in your bank account information below with a teller stamp from your financial institution OR provide a printed form of your banking information from your financial institution’s secure online banking site. The external bank account must be in the name of the Smart eSavings account holder. (Please note if you provided a cheque drawn on the same bank account to fund the initial deposit to the Smart eSavings account, it will not be necessary to provide the void cheque or bank confirmation).
3. Sign and return this form.

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| **CUSTOMER INFORMATION** | |
| Customer Name:(First, Middle Initial, Last Name) |  |
| Joint Customer Name (if applicable):(First, Middle Initial, Last Name) |  |
| Smart eSavings Account Number (if existing account): |  |
| Contact Address: |  |
| Telephone Number: |  |

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| **EXTERNAL BANK ACCOUNT INFORMATION** | | |
| Name of Financial Institution (“financial institution”): |  | Teller Stamp required if void cheque or banking printout is not attached. |
| Address of Financial Institution: |  |  |
| Account Number (“bank account”): |  |
| Branch Transit Number (5 digits): |  |
| Bank Number (3 digits): |  |

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| **EXTERNAL BANK ACCOUNT INSTRUCTIONS** |
| Add bank account to new Smart eSavings account application dated:  **OR**  Change bank account in my existing Smart eSavings account: |

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| **PRE - AUTHORIZED DEBIT** |

In this agreement, “I”, “me” and “my” refers to each account holder who signs below and is **INSTRUCTIONS** a party to this agreement:

**Debits at Set Intervals**

I authorize Bridgewater Bank and the financial institution designated above to debit the external bank account identified above as follows and credit these sums to my Smart eSavings account with Bridgewater Bank identified above, at regular intervals as indicated below:

Amount: $**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Must be $25.00 or more.)

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| --- | --- | --- | --- | --- |
| Frequency: (please check one) | Weekly | Bi-weekly (every 2 weeks) | Semi-monthly (twice a month) | Monthly |

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Must be at least 30 days after you provide this form to Bridgewater Bank.)

I understand that any debit falling on a non-business day will be processed on the next business day.

I understand that the debit requested above will be processed regardless of any other sporadic or credits that I may request or authorize, as indicated in Terms and Conditions below.

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| **TERMS & CONDITIONS** |

In this agreement, “I”, “me” and “my” refers to each account holder and who is authorizing the pre-authorized debit under  
this agreement:

1. **Set Interval Debits**

The debits set out above are for a fixed amount, reoccurring at set intervals for the purpose of transferring funds between the external bank account identified above and my Smart eSavings account with Bridgewater Bank. Bridgewater Bank is required to provide me with pre-notification of this authorization at least **ten (10) days** before the first PAD is debited from my bank account. **I waive my right to receive pre-notification or confirmation of the amount or timing of any PAD, and I agree that I do not require advance notice of the amount or timing of pre-authorized debits before the debits are processed.**

1. **Sporadic Debits**

I acknowledge that Bridgewater Bank will obtain my authorization before each sporadic debit from my bank account. These pre-authorized debits may occur occasionally, irregularly, intermittently, infrequently and not at set intervals. I authorize Bridgewater Bank and my financial institution to transfer funds between my bank account identified above and my Smart eSavings account with Bridgewater Bank in such amounts and on such dates as I instruct Bridgewater Bank from time to time. Such instructions will be subject to Bridgewater Bank’s right to limit the amount and other aspects of funds transfers as described in my Personal Account Terms and Conditions. Each debit from my bank account must be $25.00 or more. If I wish to instruct such a transfer, I will call Bridgewater Bank at **1.866.243.4301** or use any other method that Bridgewater Bank accepts. I will be required to satisfy Bridgewater Bank’s verbal or other customer authentication requirements in order to confirm my identity and validate my request, and this will constitute authorization for Bridgewater Bank to process the transaction requested.

1. This agreement and my authorization to conduct funds transfers provided under this agreement are for the benefit of Bridgewater Bank and my financial institution and are provided in consideration of my financial institution agreeing to process debits and credits against my bank account in accordance with the rules of the Canadian Payments Association and my Personal Account Terms and Conditions. I acknowledge that Bridgewater Bank is unable to guarantee the date my funds will arrive in either my external bank account or my Smart eSavings account.
2. I understand that I may request changes to the amount, frequency and date of any debits or credits authorized under this agreement and these changes will not require completion of a new agreement. If I wish to make a change, I will call Bridgewater Bank at **1.866.243.4301** at least **ten (10) days** before the next scheduled debit or credit or use any other method that Bridgewater Bank accepts. I will be required to satisfy Bridgewater Bank’s verbal or other customer authentication requirements in order to confirm my identity and validate my request, and this will constitute authorization for Bridgewater Bank to make the change requested.
3. I have attached a PERSONALIZED void cheque OR provided my bank account information above with a teller stamp from my financial institution OR provided a printed form of banking information from the financial institution’s secure online banking site showing account ownership. (I understand that if I am providing a cheque drawn on my bank account identified above to fund the initial deposit to the Smart eSavings account, it will not be necessary to provide the void cheque or bank confirmation referred to in this paragraph). I confirm that this account is drawn from a Canadian Financial Institution and is my personal account and understand that cheques drawn from business accounts will not be accepted.
4. I acknowledge that in order to change my bank account information I must complete a new Bridgewater Bank Smart eSavings Account Pre- Authorized Debit and Credit Agreement form and submit a new “VOID” cheque OR complete the bank account information section witha teller stamp from my financial institution OR submit a printed form of banking information from the financial institution’s secure online banking site. I understand that such notification must be received by Bridgewater Bank at least **ten (10) days** prior to my next scheduled debit or credit. This agreement form is available online at bridgewaterbank.ca or by calling Bridgewater Bank at **1.866.243.4301**. I will be required to satisfy Bridgewater Bank’s verbal or other customer authentication requirements in order to confirm my identity and validate my request.
5. I may cancel this agreement at any time by providing Bridgewater Bank with written notice of cancellation by mail or email as set out in the contact details below. I may also cancel this agreement by calling **1.866.243.4301**. I will be required to satisfy Bridgewater Bank’s verbal or other customer authentication requirements in order to confirm my identity and validate my request, and this will constitute authorization for Bridgewater Bank to process my request. Cancellation notice shall be effective **ten (10) days** following receipt by Bridgewater Bank. I understand that cancelling this agreement may not cancel pending transfers that I may have already authorized. Upon receiving a notice of cancellation of authority, Bridgewater Bank will cease to issue PADs in accordance with Rule H1. To obtain a sample cancellation form or for more information on my rights to cancel this agreement, I may contact Bridgewater Bank, my financial institution, or visit payments.ca. I understand that the cancellation of this agreement will take effect only when the cancellation is received and acknowledged by Bridgewater Bank. I also understand that cancelling this agreement does not revoke or amend the terms and conditions of my Personal Account Terms and Conditions or any other agreement that exists between me and Bridgewater Bank. Cancelling or revoking my authorization applies only to the method of funds transfer or payment and will not change or terminate or have any effect on the terms and conditions of any other agreement I have with Bridgewater Bank.
6. I acknowledge that I am responsible for ensuring that there are sufficient funds in my bank account to cover any authorized debit to be drawn on my bank account. I agree that if any debit authorized under this authorization is returned unprocessed or is rejected for any reason, Bridgewater Bank may re-present the debit in the same amount within **thirty (30) days**. I also understand that the fee for a returned/refused payment will be debited in addition to the re-presented debit. I understand that Bridgewater Bank will notify me before the debit is re-presented and the fee for a returned/refused payment is debited.
7. I acknowledge that I have certain recourse rights if any debit does not comply with this agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD agreement. To obtain more information on my recourse rights, I may contact my financial institution or visit payments.ca.
8. I acknowledge that my financial institution is not required to verify that a debit or credit is in accordance with the particulars of any instructions that I have provided. I acknowledge that my financial institution is not required to verify that any purpose of payment for which a debit or credit was issued has been fulfilled by Bridgewater Bank as a condition of honouring the debit or credit. I acknowledge that my financial institution is not required to verify the source of the funds for which a credit was issued to your bank account.
9. I agree that delivery of this agreement to Bridgewater Bank constitutes delivery by me to my financial institution. I consent to the disclosure of any personal information that may be contained in this agreement to my financial institution or others (and the financial institution acting on behalf of Bridgewater Bank) where necessary for the proper application of Rule H1.
10. I understand that Bridgewater Bank may amend this agreement at any time by providing me with notice of such amendments.
11. I certify that **ALL PERSONS** whose signatures are required to sign on both the external bank account and the Bridgewater Bank account(s) identified in this agreement have signed the authorization below.
12. By signing this agreement below, I acknowledge that I have received and read a copy of this agreement, I understand the terms and conditions of the agreement and I agree to be bound by the terms and conditions of this agreement.

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| **Signature of Account Holder:** |  |
| **Name (please print):** |  |
| **Date:** |  |
| **Signature of Joint Account Holder:** |  |
| **Name (please print):** |  |
| **Date:** |  |

When you have completed and signed this agreement, please mail or fax this form with your void cheque or provide your bank account information above by obtaining a teller stamp from your financial institution or a printed form of your banking information from your financial institution’s secure banking online site to the address or fax number below and keep a copy for your records. (The void cheque or confirmation of banking is not necessary if you are providing a cheque drawn on the same bank account to fund the initial deposit to your Smart eSavings account.)

Alternatively, you may email this form to:[customer.experience@bridgewaterbank.ca](mailto:customer.experience@bridgewaterbank.ca).

You acknowledge that email is not a secure medium for communication and agree not to use unencrypted email to send confidential information to Bridgewater Bank. You voluntarily assume all responsibility and risk arising from the use of email to transmit or receive information to or from Bridgewater Bank, and you agree that Bridgewater Bank has no liability to you whatsoever for any loss, claim or damages arising from or in any way related to interception by a third party of any information you send to us by email.

If you have any questions or wish to obtain further information regarding this agreement, please contact us at:

**Bridgewater Bank Customer Experience**

Suite 150, 926-5th Avenue SW

Calgary, AB T2P 0N7

Telephone: **1.866.243.4301**

Fax: **1.877.733.8946**

Email: **customer.experience@bridgewaterbank.ca**

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