



Payment Frequency: Monthly
 Quarterly
 Semi-Annually
 Annually

Payment Date: 10th
 15th
 25th
 Other (specific day of the month) _____

Tax Options (if applicable) Blended Payment
 Specific Withholding Tax _____% (Percentage Only)
 (If the client would like a withholding tax lower than the prescribed rate, a TD1 Fed & Prov are required.)

Payment Method EFT to Bank
 Cheque
 To a Croft Account: NBIN account number _____

BANK INFORMATION

To/From: Use My Current Bank Account on File
 Please Setup and Use New Bank Account Information *

** If setting up new banking information - a new Client Authorization for Electronic Funds Transfer form and Void Cheque is required.*

CLIENT AUTHORIZATION

(Required for all: systematic recurring money in/out setups and change increases. Not required for: any change decrease, stop instructions, RIF/LIF setups or RIF/LIF modifications)

Client Name: _____ Client Signature: _____ Date: _____

Client Name: _____ Client Signature: _____ Date: _____