

1100 University St., 7th floor, Montreal (Quebec) H3B 2G7
Tel. No.: 1-800-363-3511 or 514-866-6755 - Fax No.: 1-800-289-1327 or 514-394-8688

NBDB account No. _____

1. IDENTIFICATION OF ACCOUNT HOLDER

Last name of account holder

First name of account holder

Last name of co-holder (if applicable)

First name of co-holder (if applicable)

I authorize the following bank account to be linked to my National Bank Direct Brokerage Inc. (hereinafter "NBDB") brokerage account so that I can carry out electronic fund transfers at will. Consequently, I authorize my financial institution and NBDB to exchange certain personal information about me for the sole purpose of confirming the accuracy of my bank account information.
Your financial institution may charge fees for the confirmation of your banking account information. For more details, please verify with your institution. Please note that NBDB does not reimburse those fees.

Date (MM DD YYYY)

Signature of account holder

Date (MM DD YYYY)

Signature of co-holder (if applicable)

2. VERIFICATION OF BANK INFORMATION

Note: The fields below must be completed in order for NBDB to process your request. The account(s) listed below must belong to the account holder mentioned in Section 1 (Identification of account holder). If you hold several bank accounts coming from different institutions, please note that one form must be filled per financial institution.

¹ Name of financial institution: _____

¹ *This present form cannot be used for a banking account held at ING Bank of Canada. We invite you to communicate with one of our customer service representatives for more information.*

Address: _____
No. and Street City Province Postal code

Telephone No. (Optional): _____

	Transit	Financial Institution No.	Bank account No.	Type of account	Currency (CAD\$ or USD\$)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____

TO BE USED SOLELY BY NBDB

Contact person of financial institution: _____

Verification confirmed: Yes No

Verification carried out by: _____
Last and first name of employee Initials Date (MM DD YYYY)