



Direct deposit registration form

Use this form to register for Royal Bank's National Direct Deposit Service (NDDS) or to change your NDDS information. The NDDS system enables you to make contribution payments to OMERS electronically, by telephone. This service is provided free of charge to all OMERS employers.

Once you have completed and signed this form, please fax it to OMERS Pension Accounting at 416-361-9809 or mail it to us at OMERS, 100 Adelaide St W, Toronto, ON M5H 0E2. If you fax it, do not mail the original.

We will forward your completed form to the Royal Bank. The Royal Bank will send you a package to confirm your enrolment and provide you with detailed instructions on how to use the system.

Providing OMERS with your personal information is considered consent for its use and disclosure for the purposes set out in our Privacy Statement, as amended from time to time. You can find out more about our collection, use, disclosure and retention of personal information by reviewing our Privacy Statement at www.omers.com.

SECTION 1 - EMPLOYER INFORMATION

Group Number	Employer Name			
Suite/Unit	Address	City	Province	Postal Code

Are you already registered for the NDDS system? Yes No If yes:

SECTION 2 - CONTACT INFORMATION (FOR NDDS)

<input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Other:	Last Name	First Name	Middle Name
Title			
Phone	Ext.	Fax	Email

SECTION 3 - BANKING INFORMATION

Name of Bank			
Address	City	Province	Postal Code
Financial Institution Number	Transit Number	Account Number	

SECTION 4 - PRE-AUTHORIZED DEBIT AGREEMENT ("AUTHORIZATION")

You hereby authorize OMERS Administration Corporation ("OMERS") to debit the bank account specified in Section 3 of this form (the "Account"), for the purpose of making contribution payments electronically to OMERS via NDDS. Such payments shall be drawn from the Account from time to time as a contribution payment initiated through NDDS and your use of the NDDS service shall constitute your Authorization for OMERS to debit the Account for such payments in the amount specified through the NDDS service. The debits authorized to be drawn hereunder are for business purposes.

- I acknowledge that this Authorization is provided for the benefit of OMERS and the bank or other financial institution noted in Section 3 of this Form (the "Bank") and is provided in consideration of such Bank agreeing to process debits against the Account in accordance with the rules of the Canadian Payments Association.
- I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Authorization above and certify that all information with respect to the Account is accurate. I agree to notify OMERS of any change to this information promptly.

SECTION 4 - PRE-AUTHORIZED DEBIT AGREEMENT ("AUTHORIZATION") - cont'd

- I understand that the Bank's treatment of each debit shall be the same as if I had issued a cheque authorizing the Bank to pay as indicated and to debit the amount specified to the Account. I confirm that this means, in part, that the Bank is not required to verify that the payments are drawn in accordance with this Authorization. I agree that should the Account be transferred to another branch of the Bank or in the event that the Account is closed and another account is opened at another bank, this Authorization shall have the same force and effect as if it had originally been directed to that branch or bank.
- I understand that this Authorization may be cancelled at any time by providing 30 days notice, in writing, to OMERS. I further understand that I can obtain a sample cancellation form or further information on my right to cancel this Authorization at my Bank or by visiting www.cdnpay.ca. I also understand that I have certain recourse rights if any debit does not comply with this Authorization. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Authorization. To obtain more information on my recourse rights, I understand that I may contact the Bank or visit www.cdnpay.ca.
- I acknowledge that I may dispute a PAD on the following conditions: (i) the PAD was not drawn from the Account in accordance with this Authorization; (ii) payments were drawn from the Account after this Authorization was revoked; or (iii) OMERS did not provide me with notice or confirmation as required by the rules of the Canadian Payments Association. In order to be reimbursed, I acknowledge that a declaration to the effect that either (i), (ii) or (iii) took place must be completed and the dispute must be presented to the Bank up to and including 10 business days after the date on which the PAD in dispute was posted to the Account. I further acknowledge that a dispute in respect of a PAD that is presented after 10 business days after the date on which the PAD in dispute was posted to the Account is a matter that shall be resolved between myself and OMERS.

By signing below, I verify that I am duly authorized, on behalf of the employer, to request enrolment in the Royal Bank NDDS service or to change our existing arrangement, and that I agree to the provisions of the Pre-Authorized Debit Agreement set out, above.

Name of Authorizing Person
Title

Signature of Authorized Signing Officer _____ Date (m/d/y) _____

We require a copy of the NDDS telephone touch tone input instructions Yes No