BANK OF CANADA
BANQUE DU CANADA

PAYMENT AUTHORIZATION FORM

Instructions for Completion

As the custodian of unclaimed balances from Canadian Financial Institutions, the Bank of Canada allows people and organizations to identify and recover those balances to which they are entitled. The Payment Authorization Form is to be used only for Claims for individual deposit account balances where the account holder(s) is (are) the actual Claimant(s).

To reclaim balances of **deceased individuals (Estate Claims)** or **organizations (Corporate Claims)**, please contact the Bank of Canada for the proper claim forms.

For Claimants

You may use this form to claim a balance for a deposit account (e.g., savings, chequing) of which you are the owner. Once you have completed and printed the form, forward or mail it to your financial institution for further processing. If your financial institution is able to validate your ownership of the balance, it will authorize the Bank of Canada to pay the balance to you directly.

1. **Complete the section for Step 1** by providing your current name and address (either by filling out the form electronically or by writing on the printed copy of the form).
2. **Print, sign and date the form**. If the unclaimed balance is jointly held by multiple individuals and their names are linked by "AND," each owner must sign and date the form.
3. **Provide the signed form** (either in person or by mail) **to the financial institution** where your balance was originally held where they will complete Step 2.

The role of your financial institution is to validate and guarantee your Claim (by confirming your identity and your signature against signatures they have on file) and to communicate their decision to the Bank of Canada.

Note that, depending on the ability of your financial institution to validate the ownership of the account, the Bank of Canada may request additional information from you to better support your Claim.

For Financial Institutions

This form is being presented to you by an individual who believes that they have a valid claim for an unclaimed deposit account balance now held by the Bank of Canada. Upon being presented with this form, you must:

1. **Validate the Claimant's ownership** of the account by comparing the signature of the Claimant on the form with the signature that you have on file (e.g., using a signature card or account profile).
2. **Conduct any additional due diligence** to further validate the Claimant's identity and/or Claim.
3. **Complete the section for Step 2** indicating whether the Claim can be guaranteed. Affix either a signature-guarantee stamp or a branch stamp, as appropriate, in the space provided.
4. **If the Claim cannot be guaranteed, clearly state the reason(s)** in the space provided.
5. **Send the completed form**, regardless of the guarantee decision, to:

   Unclaimed Balances Services
   Bank of Canada
   234 Laurier Avenue West
   Ottawa, ON, K1A 0G9

If you require further information, please contact Customer Service, Monday to Friday, 8 a.m. to 4 p.m. at 1 800 303-1282.

Unclaimed Balance Information

PAYMENT AUTHORIZATION FORM - VALID ONLY FOR PERSONAL(INDIVIDUAL) DEPOSIT ACCOUNT CLAIMS

Name: WILMOT MRS ESTHER MAY FUNERAL ACC 915 0184 4
Payee:
Address: 55 KING ST W, TORONTO ON
Savings Account: 0149185 **Transferred to Bank of Canada:** $969.51
Last Transaction Date: 1993/5/11 **Transfer Date:** 2003/12/31
Status: UNCLAIMED **Outstanding balance:** $969.51
Originating Bank: THE TORONTO-DOMINION BANK , 55 KING ST W, TORONTO , ON, M5K1A2

STEP 1 - To be completed by CLAIMANT:

Name:

Address:

Phone:

Claimant's Signature: _____ Date: _____

STEP 2 - AUTHORIZATION to be completed by the financial institution:

THE TORONTO-DOMINION BANK
55 KING ST W
TORONTO , ON
M5K1A2

Please select one of the following two boxes and affix the appropriate stamp:

☐	This authorizes the Bank of Canada to pay the claimant the balance of the account indicated above plus interest if applicable. In accordance with Section 438 of the Bank Act, this balance was transferred to the Bank of Canada. The client's signature has been authenticated against the **signature card** or the **client's profile.**	Signature-guarantee Stamp
☐	This claim cannot be guaranteed, for the following reason(s): Please provide any documentation (e.g., signature card and/or client profile) to assist in adjudicating the claim.	Branch Stamp

Authorizing Officer's Name (printed):_____

Authorizing Officer's Signature: _____ Date:_____

STEP 3 - FORWARD authorized form to:

Unclaimed Balances Services
BANK OF CANADA
234 Laurier Avenue West
Ottawa, Ontario K1A 0G9