



IFS Financial Services Inc.

Suite 1 - 250 Brownlow Ave
Dartmouth, NS B3B 1W9

phone (902) 481-6106
fax (902) 481-6107

Payment Distribution System (PDS)

BROKER INFORMATION

Broker # : _____

Broker Name : _____

Contact Name : _____

Address : _____

Phone # : () _____

PAYMENT NOTIFICATION INFORMATION

Fax # : () _____ Fax

or Email Address : _____ Email

ATTN : _____

Select notification method

BANKING INFORMATION

Name of Bank : _____

Address : _____

Phone# : _____

BANK ACCOUNT INFORMATION

Bank Number : _____

Branch : _____

Account : _____

***** PLEASE ENCLOSE A VOID CHEQUE *****

I/We hereby authorize IFS Financial Services Inc to make deposits to my/our account at the financial institution described above. I/We will advise IFS of any changes in my/our account information.

Name of authorized representative : _____

Signature of authorized representative : _____

Date : _____