

# HISA: Deposit Instructions

## Deposit Instructions

In order to make a deposit to your HISA In-Trust Account, please take the following steps.

1. Fill out *HISA: Deposit Form* (next page)
  - Name of Participant: *legal name of your organization*
  - In-Trust Account Number: *number of your HISA In-Trust Account at CWB. The account number is indicated on CWB confirmation document located on Synergy under the folder titled Onboarding-Initial.*
  - Amount to be deposited: *the funds that you wish AMSC to withdraw from your external account and deposit into your HISA In-Trust Account at CWB.*

*The external account is the one that you indicated on the most recent Form 4 (High Interest Savings Account Information Sheet of External Account) provided to AMSC.*
  - Date: *date of the instruction*
  - Signature of Authorized Individual: *may be signed only by any person that you indicated on Appendix A of the most recent Form 2 (Certificate of Authorization) provided to AMSC.*
  - Second signature (if required): *may be signed by any person that you indicated on Appendix A of the most recent Form 2 (Certificate of Authorization) provided to AMSC.*
2. Upload *HISA: Deposit Form* to Synergy under the folder Deposits > Completed Forms.
3. AMSC will instantly receive automatic notification about your upload. You do not need contact AMSC.
4. Once AMSC completes the transaction, you will receive a confirmation from AMSC by email. The confirmation will not contain any confidential transaction details.
5. At the same time, a report generated from the CWB banking system containing the transaction details will be uploaded to Synergy web portal under the folder Deposits.

# HISA: Deposit Form

## 1. Participant details

Participant name		In-trust account number	
Phone		Email	

## 2. Deposit Instructions

Amount to be deposited <sup>1</sup>	\$	Amount in words	
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Canadian Dollars and Cents

<sup>1</sup>Minimum deposit amount = \$100,000

## 3. Signature & authorization

Signature of authorized individual			Second authorized individual (if required)		
Name			Name		
	(First)	(Middle) (Last)		(First)	(Middle) (Last)
Date (MM/DD/YYYY)			Date (MM/DD/YYYY)		
Signature	X		Signature	X	

## 4. Notes

Form instructions	See page 1 of this form for detailed instructions.
Processing details	Processing of transactions may take up to 2 business days. Alberta Municipal Services Corporation ("AMSC") may choose to verify transaction details with the Participant by calling authorized individuals over the telephone using the contact information provided in the HISA Documentation. In case such verification fails, AMSC will not process the transaction.
Contact information	300 - 8616 51 Avenue, Edmonton, AB, T6E 6E6 Tel: 780-433-4431; Toll Free: 1-877-421-6644; Email: hisa@abmunis.ca