

**DIRECT PAYMENT SERVICE  
ENROLLMENT AUTHORIZATION CARD**

Please fill in and return this card to the Company with one of your personal cheques unsigned and marked VOID (for verification purposes).

I/WE

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

AUTHORIZE

NAME OF COMPANY (THE "COMPANY")

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

TO DEBIT MY/OUR ACCOUNT    ACCOUNT NUMBER \_\_\_\_\_

Held at \_\_\_\_\_

NAME OF FINANCIAL INSTITUTION

BRANCH ADDRESS

TRANSIT NO.

For the purpose of: \_\_\_\_\_

(Fixed        IN THE FIXED AMOUNT OF \$ \_\_\_\_\_, payable \_\_\_\_\_ (frequency)  
Amounts)    beginning \_\_\_\_\_ (date).

(Variable    FOR VARIABLE AMOUNTS NOT TO EXCEED \$ \_\_\_\_\_, payable  
Amounts)    \_\_\_\_\_ (frequency) beginning \_\_\_\_\_ (date).

I/WE have read and understood the terms of this authorization and acknowledge receipt of a copy thereof.

SIGNATURE

DATE

SIGNATURE \*

DATE

\* For joint accounts, all depositors must sign if more than one signature is required on cheques issued against the account.

6290310 (2/99)

1 - COMPANY COPY