

**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 Amounts) IN THE FIXED AMOUNT OF \$ _____ payable _____ (frequency) beginning _____ (date).

(Variable Amounts) FOR VARIABLE AMOUNTS NOT TO EXCEED \$ _____ payable _____ (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