

Group Name

Address

City

Province

Postal Code

I/We hereby request FundScrip's Electronic Funds Transfer (EFT) Payment Service and authorize FundStream, Inc. (FundScrip's parent company) to debit payments authorized by me/us from the chequing account specified by me/us. Notice of cancellation of this authorization may be made by me/us at any time. Such notice shall not have effect on debits made prior to my/our request to cancel. To make payments I/we will login to FundScrip's secure website and use a password which I/we will keep confidential.

Name of first signing officer

Telephone

Email Address

Signature

Date

Name of second signing officer

Telephone

Email Address

Signature

Date

308

Ms. Jane Smith
Mr. John Smith
23, Maplecrest Road
North York, ON M3B 2R2

DATE

PAY TO _____ \$

THE ORDER OF: _____

YOUR FINANCIAL INSTITUTION
6000 YONGE STREET
TORONTO, ON M2M 3X4

100 DOLLARS

POUR _____ MN

⑈ 308 ⑈ ⑈ 40690 ⑈ 00615 ⑈ ⑈ 334 ⑈ 95

Attach voided cheque here

VOID

(Please note that this part can vary between 5 and 12 digits.)

VER: 12272007GREN

Please fill-in ALL the numbers that appear on your cheque in the appropriate boxes, including zeroes

Please send the completed form and void cheque by email at eft@fundscrip.com,
by fax at (800) 861-4310 or by mail at 666 Sherbrooke Street West, Suite 910, Montreal, Quebec H3A 1E7.