

**Schedule 3 — ELECTRONIC FUND TRANSFER — AUTHORIZATION AGREEMENT**

**Part 1: TO BE COMPLETED BY LICENSED INSOLVENCY TRUSTEE (LIT)**

NAME AND ADDRESS OF LIT:

\_\_\_\_\_

**Part 2: IDENTIFICATION OF ELECTRONIC PAYMENT RECIPIENT (PRINT OR TYPE)**

LAST NAME \_\_\_\_\_  
or  
BUSINESS NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

MAILING ADDRESS

PHONE NUMBER  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

DESIGNATED CONTACT PERSON

PHONE NUMBER  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Part 3: ACCOUNT INFORMATION FOR ELECTRONIC PAYMENT**

The undersigned confirms the following account information for the purposes of receiving payments by electronic transfer of funds. Any existing account previously set up by the creditor with the LIT is to be replaced by this account information.

BANK NAME

BANK ADDRESS

TRANSIT NUMBER

INSTITUTION NUMBER

ACCOUNT NUMBER

TYPE OF ACCOUNT

Chequing Savings Other (Explain): \_\_\_\_\_

PLEASE ATTACH A COPY OF A VOIDED CHEQUE OR DEPOSIT SLIP FOR VALIDATION OF INFORMATION.

**Part 4: DECLARATION CONSENT AND AUTHORIZATION**

The undersigned hereby certifies that the foregoing information delivered to the LIT is true in all material respects and consents to receive all payments electronically. The undersigned hereby authorizes the LIT to initiate credit entries, electronically, to their account. The undersigned further acknowledges that it is their responsibility to ensure that the account stays current and available for electronic payments of dividends payable as those dividends become due. The undersigned may revoke or cancel this agreement at any time by delivering a notice of such revocation or cancellation to the LIT. The undersigned agrees to retain the signed original of this document for the duration of this agreement if sending a facsimile copy to the LIT.

\_\_\_\_\_  
(Signature of authorized signatory)

\_\_\_\_\_  
(Print name of signatory)

\_\_\_\_\_  
Date (mm/dd/yyyy)

Direct phone number  
(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Title)