

Corporate Customer Information:

Customer Name: _____
 Customer ID : _____ Customer Phone: _____
 Customer Address (Street, City, Province, Postal Code): _____

Type of PAP-PAD requested: (please check applicable box)

New PAP-PAD Change to existing PAP-PAD Cancel existing PAP-PAD

Payment Frequency:

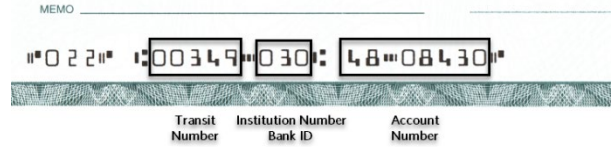
One Time Specified Amount of: \$ _____
 Transactional - Deposits will be initiated in accordance with the transactions you authorize.

Beneficiary Bank Details:

Canadian Financial Institution Name: _____ Institution Number/Bank ID: _____
 Transit Number: _____ Account Number: _____ Currency: _____
 Transit Number: _____ Account Number: _____ Currency: _____

IMPORTANT: For a new PAP-PAD, or change to existing PAP-PAD request, void cheques or a direct deposit/pre-authorized deposit form from the corresponding financial institution **must** be attached. The supporting document must include:

- Transit Number (5 digits);
- Institution Number/Bank ID (3 digits); and
- Account Number in full



The undersigned hereby pre-authorizes Olympia Trust Company (“**Olympia**”) and the financial institution specified above (the “**Financial Institution**”) to, from time to time, make debits from and direct deposits to the account (the “**Account**”) held with the Financial Institution, as specified above. The amount of each withdrawal or deposit from the Account will be a variable amount that will be determined by the foreign exchange contracts that the undersigned enters into with Olympia. The undersigned acknowledges that he/she/it is entitled to receive notice in writing of the amount to be withdrawn at least 10 days before such withdrawal and hereby agrees to waive the aforementioned 10 day written notice period. This authority is to remain in effect until Olympia has received written notification from the undersigned of its change or termination. This notification must be received by Olympia at least ten (10) business days (but not more than thirty (30) days) before the next debit is scheduled at the address provided below. The undersigned may obtain a sample cancellation form, or more information on cancelling this PAP-PAD Agreement by contacting the Financial Institution or by visiting www.cdnpay.ca. The undersigned hereby waives any claim he/she/it may have against Olympia for any damages he/she/it may incur if the revocation is not respected, except in cases of wilful misconduct or gross negligence on the part of Olympia. The undersigned has certain recourse rights if any debit does not comply with this PAP-PAD Agreement. For example, the undersigned has the right to receive reimbursement for any PAP-PAD that is not authorized or is not consistent with this PAP-PAD Agreement. The undersigned may obtain more information his/her/its recourse rights, and a form for a reimbursement claim, by contacting the Financial Institution or visiting: www.cdnpay.ca. Olympia shall inform the undersigned, in a timely manner of any changes to this Agreement and may not assign this PAP-PAD Agreement, whether directly or indirectly, by operation of law, change of control or otherwise, without providing at least 10 days prior written notice to the undersigned.

The undersigned hereby:

1. waives any claim he/she/it may have against Olympia for any damages he/she/it may incur as a result of any delay or loss of funds due to incorrect or incomplete information supplied by the undersigned or the Financial Institution or due to an error on the part of your Financial Institution in depositing funds to your Account;
2. waives any pre-notification requirements as specified by sections 15(a) and (b) of the Canadian Payments Association Rule H1 with regards to recovering amounts directly from your Account in connection with amounts incorrectly credited to your Account;
3. acknowledges and agrees that Olympia may change its fees schedule by providing the undersigned with 30 days prior written notice of any such change. If the undersigned does not cancel this authorization during such notice period, this authorization shall continue to be used in conjunction with such revised fee schedule where applicable;
4. authorizes and consent to Olympia obtaining any credit information with respect to the undersigned that Olympia may in its sole discretion determine necessary in connection with business transactions to be conducted by the undersigned with Olympia, including authorization and consent to contact and request credit information from any reference provided by the undersigned to Olympia; and
5. acknowledges that in the event that any funds debited from your account in accordance with this pre-authorized debit agreement are recalled or reversed for any reason, that you shall be liable to return all funds provided to you in connection with such reversed or recalled debit within 24 hours of such debit being reversed or recalled.

Customer Authorization (must be an authorized signer on account with Olympia):

Authorized Signers Name: _____ Secondary Name (if applicable): _____
 Signature: _____ Signature: _____
 Date: _____ Date: _____