

V2023113020

CARDHOLDER ELECTRONIC DEPOSIT AUTHORIZATION				
INSTRUCTIONS: Please do not forget	IMPORTANT: This form will be	COMPLETED FORM: Can be mailed,		
to sign and date this form.	returned if incomplete or unsigned.	faxed, or emailed to		
		<u>admin@quikcard.com</u> .		

1. Cardholder Information

Name	Card #	Phone #	Email
Address	City	Province	Postal Code
2. Banking Informatio	'n		
Name of Bank			
Branch Address	City	Province	Postal Code
Branch Number	Institution Nu	mber	Bank Account Number

Please attach a void cheque with this form

3. Disclaimers

PRIVACY NOTICE: The information requested in respect of this form is required by Quikcard for benefits administration purposes. For these purposes Quikcard will, where necessary, collect from and exchange information with others. For more information, consult Quikcard's privacy policy or contact Quikcard by phone or mail.

AUTHORIZATION: I authorize Quikcard Solutions Inc. ("Quikcard") to credit the account identified (the "Account") for commission payments distributed by Quikcard. Each payment shall be the same as if I had personally received a cheque from Quikcard and deposited it to the Account. I will update the Account promptly if I move the Account from my Bank or branch to another, or if there is any other change in the Account. This authorization may be cancelled at any time upon written notice by me to Quikcard. Any delivery of this authorization to Quikcard constitutes delivery by me to my Bank. I am the person who is authorized to sign on the Account.

Date

200 Quikcard Centre, 17010 103 Avenue, Edmonton, Alberta T5S 1K7