

**NO VOID CHEQUE FORM**

Use of Teraview is subject to terms and conditions. Your application is subject to acceptance by Teranet Inc. and its affiliates ("Teranet"). NOTE: Information collected from this form and the resulting usage of the Authorized Services will be used by Teranet for the purposes of administration of and access to systems, products and services. For questions on collection and use of this information, please contact Teranet at 1-800-208-5263 or 416-360-1190.

**1. ACCOUNT HOLDER INFORMATION**

ACCOUNT NAME (EXISTING ACCOUNT HOLDERS ONLY)		ACCOUNT NUMBER (EXISTING ACCOUNT HOLDERS ONLY)
ACCOUNT HOLDER (BUSINESS/FIRM/ORGANIZATION/INDIVIDUAL) LEGAL NAME		DATE (MM/DD/YYYY)
STREET ADDRESS		
CITY	PROVINCE	POSTAL CODE
TELEPHONE (INCLUDE AREA CODE)	EXTENSION	FACSIMILE (INCLUDE AREA CODE)
AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE EMAIL ADDRESS		

**2. FINANCIAL INSTITUTION ("PROCESSING INSTITUTION") INFORMATION**

To be dated, stamped and signed by your bank only if you are not attaching a void cheque.

FINANCIAL INSTITUTION NAME		
FINANCIAL INSTITUTION NUMBER	TRANSIT NUMBER	BANK ACCOUNT NUMBER
BRANCH ADDRESS (STREET NAME)	CITY	Place Bank Stamp Here
PROVINCE	POSTAL CODE	
FINANCIAL INSTITUTION OFFICIAL'S POSITION		
FINANCIAL INSTITUTION OFFICIAL'S NAME	<input checked="" type="checkbox"/> SIGNATURE	

**3. AUTHORIZED BANK ACCOUNT SIGNING OFFICERS (PLEASE PRINT)**

NAME	<input checked="" type="checkbox"/> SIGNATURE
NAME	<input checked="" type="checkbox"/> SIGNATURE

**4. AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE ACKNOWLEDGEMENT (PLEASE PRINT)**

By signing below, the Authorized Account Holder Representative confirms that it (i) has verified the accuracy of the information it has provided (ii) agrees to the terms and conditions of the requested Authorized Services (iii) use of the Authorized Services must be in accordance with applicable statutes and regulations thereunder and (iv) has authority to bind the Account Holder. Sign and send this and any related forms including your Personal Security Licence Application to Teranet for its review and acceptance.

FIRST NAME	MIDDLE NAME AND/OR INITIAL	LAST NAME
<input checked="" type="checkbox"/> AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE SIGNATURE (I HAVE THE AUTHORITY TO BIND THE ACCOUNT HOLDER)		DATE (MM/DD/YYYY)

FAX THIS FORM AND ATTACHMENTS TO TERANET INC.: 416-360-6069 OR MAIL. TERANET INC. IS LOCATED AT 123 FRONT STREET WEST, SUITE 700, TORONTO, ONTARIO M5J 2M2. PLEASE DO NOT EMAIL THIS FORM.

YOU MAY ALSO CONTACT TERANET INC. BY CALLING 416-360-5263 OR VISITING US ON OUR WEBSITE AT [WWW.TERANET.CA](http://WWW.TERANET.CA).