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

X_____
SIGNATURE

DATE (MM/DD/YYYY)

3.   AUTHORIZED BANK ACCOUNT SIGNING OFFICERS (PLEASE PRINT)

NAME

X_____
SIGNATURE

NAME

X_____
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

X_____
AUTHORIZED ACCOUNT HOLDER REPRESENTATIVE SIGNATURE (I HAVE THE AUTHORITY TO BIND THE ACCOUNT HOLDER)

DATE (MM/DD/YYYY)

Email this form and attachments to Teranet Inc.: admin@teraview.ca or mail. Teranet Inc. is located at 123 Front Street West, Suite 700, Toronto, Ontario M5J 2M2

YOU MAY ALSO CONTACT TERANET INC. BY CALLING 416-360-5263 OR VISITING US ON OUR WEBSITE AT WWW.TERANET.CA.