ELECTRONIC FUNDS TRANSFER AUTHORIZATION

FUNDS ADMINISTRATIVE SERVICE INC.

AUTHORIZATION TO WITHDRAW FUNDS FOR SELF PAYMENTS

EMPLOYEE INFORMATION	SIN #: Local	
Name:		
Address: (Street)		
City:	Province:	Postal Code:
Contact Name:		
Telephone Number: ( )	Fax Number: ( )	
E-mail address:		

BANK INFORMATION		
Name of Bank:		
Address: (Street)		
City:	Province:	Postal Code:
Telephone Number: ( )	Fax Number: ( )	

*****YOU MUST ATTACH A VOID CHEQUE*****

AUTHORIZATION

II hereby authorize and direct FunI hereby authorize and direct Funds Administral hereby authorize and direct Funds Administrativ attachedattached voided cheque on the first dayattached voided cheque on the first day of the month to which the self-payment ap authorizationauthorization by sending written notice to Funds Adauthorization by sending written notice to Funds Administrative S payment is required.

Authorized Signature

Name of Authorized Person *(Please Print)*

Date

MAIL TO: SELF PAYMENTS
Funds Administrative Service Inc.
9707 - 110 Street, 9th Floor
Edmonton AB T5K 3T4