

## Welcome to CanAm Currency Exchange

---

### Personal Account Application

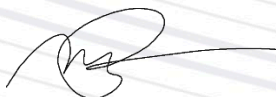
Thank you for choosing CanAm Currency Exchange as your personal currency exchange partner. We are happy to welcome you to our CanAm family, and are esteemed to offer you notable value.

Our goal is to help people like you thrive by saving you money and time. We do this through the most competitive currency exchange rates, which aim to reduce your total annual exchange fees. In fact, we guarantee the lowest rates and never charge unnecessary fees as your bank does.

Beyond exceptional rates, we are committed to offering you an unprecedented currency exchange experience, providing efficient and quality service. Your CBCCE account gives you access to our team of currency exchange specialists, who are standing by to help you in store, online and by phone.

Please complete this form and return it to us in person or online. You may keep a copy for your records, as it contains important information regarding your account and the processes we use to offer our seamless service. You are encouraged to contact us with any questions.

Best regards,






Michael Piccioni  
President

# Instructions

---

Get up and running in just three easy steps. You can apply using the following hardcopy forms or through our website.

-  Complete and sign the PAD Authorization
-  Read and sign the Terms and Conditions
-  Attach required supporting documents

Complete the process by submitting the forms of this package and the required supporting documents in person, through e-mail or on our website:

- Address: 3234 Dougall Ave., Windsor, Ontario, N9E 1S6, Canada
- E-mail: [support@canamcurrency.com](mailto:support@canamcurrency.com)
- Website: [www.canamcurrency.com](http://www.canamcurrency.com)

# Pre-Authorized Debit (PAD) Authorization Form

PAYOR FINANCIAL INSTITUTION BANKING INFORMATION			
Name of Account Holder(s)			
Transit Number	Institution Number	Account Number	
Name of Financial Institution			
Branch Address	City	Province	Postal Code

PAYEE INFORMATION	
CANAM BULLION & CURRENCY EXCHANGE 3234 DOUGALL AVE WINDSOR, ON N9E 1S6 T: 519-915-5151 SUPPORT@CANAMEXCHANGE.COM	

DECLARATION	
Affirmation	
<input type="checkbox"/>	I have read and agree to the Terms and Conditions and confirm that I am not transacting on behalf of a third party.
Signature	Date

## Supporting Documentation

The required documentation for a Personal Account includes:

<input type="checkbox"/>	Copy of valid government-issued identification (driver's license or passport)
<input type="checkbox"/>	Copy of a VOID cheque or Preauthorized Debit Form of your CAD account.*
<input type="checkbox"/>	Copy of a VOID cheque or Preauthorized Debit Form of your USD account.*

\*VOID cheques and Preauthorized Debit Forms must be from physical documents or online banking, provided that the copy indicates your name, account number, transit number, and institution number.

# Terms and Conditions

---

The following are the terms and conditions of the Payor and Payee for the account and in relation to the personal pre-authorized debit plan:

1. In this Agreement, "I", "me" and "my" refers to each Account Holder who signs below.
2. I agree to participate in this Pre-Authorized Debit Plan for personal/household or consumer purposes.

I authorize the Payee indicated on the reverse hereof and any successor or assign of the Payee to draw a debit in paper, electronic or other form for the purpose of making payment for consumer goods or services (a "Personal PAD") on my account indicated on the reverse hereof (the "Account") at the financial institution indicated on the reverse hereof (the "Financial Institution").

I authorize the Financial Institution to honour and pay such debits.

This Agreement and my authorization are provided for the benefit of the Payee and my Financial Institution and are provided in consideration of my Financial Institution agreeing to process debits against my account in accordance with the Rules of the Canadian Payments Association.

I agree that any direction I may provide to drive a Personal PAD, and any Personal PAD drawn in accordance with this Agreement, shall be binding on me as if signed by me, and, in the case of paper debits, as if they were cheques signed by me.

3. I may revoke or cancel this Agreement at any time upon notice being provided by me either in writing or orally. I acknowledge that in order to revoke or cancel the authorization provided in this Agreement, I must provide notice of revocation or cancellation to the Payee.

This Agreement applies only to the method of payment and I agree that revocation or cancellation of this Agreement does not terminate or otherwise have any bearing on any contract that exists between me and the Payee.

The Payee shall use best efforts to cancel the PAD in the next business, billing or processing cycle but shall within not more than 30 days from the notice cease to issue any new PADs.

I understand that I may obtain a sample cancellation form, or further information on my right to cancel a PAD Agreement, at my financial institution or at [www.cdnpay.ca](http://www.cdnpay.ca).

4. I agree that my Financial Institution is not required to verify that any Personal PAD has been drawn in accordance with this Agreement, including the amount, frequency and fulfillment of any purpose of any Personal PAD.
5. I agree that delivery of this Agreement to the Payee constitutes delivery by me to my Financial Institution. I agree that the Payee may deliver this Agreement to the Payee's financial institution and

agree to the disclosure of any personal information which may be contained in this Agreement to such financial institution.

6. I certify that all information provided to the Account is accurate and I agree to inform the Payee, in writing, of any change in the Account information provided in this Agreement at least ten (10) business days prior to the next due date of a Personal PAD. In the event of any such change, this Agreement shall continue in respect of any new account to be used for Personal PADs.
7. I understand that I have certain recourse/reimbursement rights if any debit does not comply with the agreement. For example, I have the right to receive reimbursement for any debit that is not authorized or is not consistent with this PAD Agreement. I understand that I may obtain more information on my recourse/reimbursement rights by contacting my financial institution or visiting the CPA website at [www.cdnpay.ca](http://www.cdnpay.ca).
8. I warrant and guarantee that all persons whose signatures are required to sign on the Account have signed this Agreement below. In additions I warrant and guarantee, where applicable, that I have the authority to electronically agree to commit to this Agreement by secure electronic signature and that my secure electronic signature conforms to the requirements of Rule H1.
9. I agree that a payment service provider will administer the PAD. [INSERT NAME] will be administering the PAD.
10. I understand and agree to the foregoing terms and conditions.
11. I agree to comply with the Rules of the Canadian Payments Association or any other rules or regulation which may affect the services described herein, as may be introduced in the future or are currently in effect and I agree to execute any further documentation which may be prescribed from time to time by the Canadian Payments Association in respect of the services described herein.
12. Applicable to the Province of Quebec only: It is the express wish of the parties that this Agreement and any related documents be drawn up and executed in English. Les parties conviennent que la présente convention et tous les documents s'y rattachant soient rédigés et signés en anglais.

I/We, the undersigned, have read and agree these terms and conditions.

Name of Account Holder	Signature	Date

Name of Account Holder	Signature	Date