



UNICASH MERCANTILE

90 Eglinton Ave. East, Suite 408

Toronto, ON, M4P 2Y3

Phone #: 416-250-8661 Fax #: 416-250-1078

ELECTRONIC FUNDS TRANSFER REQUEST AUTHORIZATION AGREEMENT

Client Information:

Company Name: _____

Authorized Representative Name: _____

Beneficiary Information:

Beneficiary Name: _____

Beneficiary Address: _____

Business Account No: _____

Beneficiary Bank Name: _____ SWIFT/FED/IBAN: _____

Beneficiary Bank Address: _____

Transfer Information:

Amount of Transaction: _____ Currency: _____ Value Date: _____

Payment Details/Special Instructions: _____

Intermediary Bank Name: _____ SWIFT/FED/IBAN: _____

Intermediary Bank Address: _____

Authorization:

I, _____, confirm that I represent and warrant to UNICASH MERCANTILE (“Unicash”), that I have full authority to enter into this agreement on behalf of the above stated company (the “Company”); that no agreements entered into by the Company for foreign currency and/or wire transfer transactions will violate any applicable laws or regulation; that I have legal title to the funds as an authorized representative of the Company.

I, _____, on behalf of the Company, authorize Unicash to transfer funds, through either oral or electronically transmitted means. I hereby certify that the Company is requesting the transfer of funds on it’s own behalf. If it is determined that the Company is requesting to transfer funds acting on behalf of a third party, the Company will be required to provide all necessary documentation of the third party, as well as the nature of the relationship between the third party and the Company.

The undersigned agrees that: the above information is correct and acknowledges responsibility for any errors resulting from incorrect or inaccurate information provided; undertakes the responsibility to notify Unicash of any changes; releases Unicash from all liability of any loss unless the loss arises out of failure to exercise ordinary care, failure to act in good faith or failure to act in accordance with the undersigned instructions given pursuant to this agreement, on behalf of Unicash. As due cause, Unicash will not be liable to make any refund to the undersigned due to loss or cancellations, until it receives confirmation of returned funds.

Authorized Representative Signature: _____ Date: _____

Unicash Representative Signature: _____ Date: _____