



FOR CONVENIENCE AND TO REDUCE DELAYS IN RECEIVING YOUR PAYMENTS

PLEASE COMPLETE THIS FORM

Request for Payment by EFT (Canada)

Please email completed form PLUS a copy of a void cheque to cdayley@ltam.ca

I/WE, BEING DULY AUTHORIZED SIGNING AUTHORITIES FOR _____ ("Company/Individual")

HEREBY AUTHORIZE LONG TERM ASSET MANAGEMENT INC. ("LTA") TO MAKE ANY PAYMENTS DUE TO THE COMPANY OR INDIVIDUAL FROM LTA WITH THE FINANCIAL INSTITUTION DESIGNATED BELOW. THIS PAYMENT AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL CANCELLED UPON 15 DAYS PRIOR WRITTEN NOTICE TO LTA.

Signature _____ Name (Printed) _____ Date _____

Signature _____ Name (Printed) _____ Date _____

Company/Individual Information

Name on Bank Account: _____

Address: _____

Email address for payment notification: _____

Bank Information

Bank Name: _____

Bank Address: _____

Bank Number: _____ Bank Transit: _____ Bank Account: _____