

Electronic Consent Form Payment — Authorization Agreement

Part 1: Trustee's Address

MNP Ltd. – Proposal Trustee of Masterfile Corporation  
Suite 300, 111 Richmond Street W  
Toronto, ON M5H 2G4

Part 2: Identification of electronic payment recipient (*print or type*)

Last name:		First name:	
Or Business name:			
Mailing address:			
Designated Contact Person:		Phone Number: (      )	Email Address:

Part 3: Electronic Payment Method (CDN Creditors) or ACH Option (US Creditors)

The undersigned confirms the following account information for the purposes of receiving payments by electronic transfer of funds. Please indicate desired option by checking applicable box below.

Option 1: (AVAILABLE TO CANADIAN AND US CREDITORS ONLY)

Bank Name		
Bank Address		
Transit Number	Institution Number	Account Number
Type of Payment: (select method of payment)		
<input type="checkbox"/> EFT (Canadian Creditors):		
<input type="checkbox"/> ACH (US Creditors):		
Other (Explain): <b>Please attach a copy of a voided cheque or deposit slip for validation of information</b>		

Option 2: (AVAILABLE TO ALL CREDITORS)

PayPal Email Address:
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Part 4: Declaration consent and authorization

The undersigned hereby certifies that the foregoing information delivered to the trustee is true in all material respects and consents to receive all payments electronically. The undersigned hereby authorizes the trustee to initiate credit entries, electronically, to his or her account. The undersigned further acknowledges that it is his or her responsibility to ensure that the PayPal email address or bank account stays current and available for electronic payments of dividends payable as those dividends become due. The undersigned may revoke or cancel this agreement at any time by delivering a notice of such revocation or cancellation to the trustee. The undersigned agrees to retain the signed original of this document for the duration of this agreement if sending a facsimile or electronic copy to the trustee.

\_\_\_\_\_  
(Signature of authorized signatory)

\_\_\_\_\_  
(Print name and title of signatory)

\_\_\_\_\_  
Date (mm/dd/yyyy)