Schedule 2:   ELECTRONIC FUND TRANSFER (EFT) – AUTHORIZATION AGREEMENT

Section 1: TO BE COMPLETED BY TRUSTEE

NAME AND ADDRESS OF
TRUSTEE

Section 2: IDENTIFICATION OF ELECTRONIC PAYMENT RECIPIENT *(PRINT OR TYPE)*:

LAST NAME _____ or BUSINESS NAME_____	FIRST NAME _____
MAILING ADDRESS:	
PHONE NUMBER: (__ __ __) __ __ __ - __ __ __ __	
DESIGNATED CONTACT PERSON	PHONE NUMBER: (__ __ __) __ __ __ - __ __ __ __

Section 2: ACCOUNT INFORMATION FOR ELECTRONIC PAYMENT

The undersigned confirms the following account information for the purposes of receiving payments by electronic transfer of funds. Any existing account previously set up by the creditor with the trustee is to be replaced by this account information.

BANK NAME:

BANK ADDRESS:

TRANSIT NUMBER:	INSTITUTION NUMBER:	ACCOUNT NUMBER:

TYPE OF ACCOUNT
 Checking Savings Other (Explain) _____

   PLEASE ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT SLIP FOR VALIDATION OF INFORMATION

Section 3: DECLARATION CONSENT AND AUTHORIZATION

The undersigned hereby certifies that the foregoing information delivered to the bankruptcy 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 account. The undersigned further acknowledges that it is his/her responsibility to ensure that the account stays current and available for electronic payments of dividend 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 copy to the trustee.

_____ *(Signature of authorized signatory)*	_____ *(Print name of signatory)*	_____ Date (dd/mm/yyyy)
Direct phone number : (__ __ __) __ __ __ - __ __ __ __	_____ *(Title)*	