

**CASH MANAGEMENT SERVICES SELECTION AGREEMENT
BANKING WITHOUT BORDERS**

BMO Financial Group
100 King Street West, 22nd Floor
Toronto, Ontario, M5X 1H3

[_____]
[_____]

Please check one: New Customer *Check all services requested* Existing Customer *Check only additional services requested*

CUSTOMER INFORMATION

Name: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person(s): _____

Telephone Number: _____ Fax Number: _____

CHECK EACH APPLICABLE BMO BANKING SERVICE

Account Information Solutions:

- Online Banking for Business (Directline Service)
 - Primary Customer Administrator Designation Form
- Agent Authorization (requires Agent and Accountholder signatures)
- AutoConnect Service
- Cheque Image Service
- Zero Balance Service (For Single Entities)
- Other: _____

Receivables Solutions:

- Drawcheque Service
- Electronic Funds Transfer Service
 - EFT Debit – Payee Letter of Undertaking (including Payor’s PAD Agreement)
- FirstBank Cash Concentrator Service
- Bill Payment Service

- Wholesale Lockbox Service (with Imaging Option)
- Other: _____

Payments Solutions:

- DirectCheque Service
- Electronic Funds Transfer Service
 - o EFT Credit
- Payables Plus Service
- Other: _____

The Customer acknowledges receipt of the Cash Management Services Master Agreement (the "**Master Agreement**") and any applicable Schedules for the Services indicated above (the Master Agreement and any applicable Schedules are together referred to as the "**Agreement**"). The Customer acknowledges it has reviewed and understands the terms and conditions in the Agreement relating to the applicable Services. **The Customer agrees to be bound by the Agreement (as amended from time to time). Use of the Services shall evidence the Customer's receipt of the Agreement.** The Customer agrees and acknowledges that certain Services may require approvals and/or further documentation prior to implementation.

The Customer acknowledges that it has the full power and capacity to enter into this Agreement. Each individual signing below is an authorized signatory according to the Customer's current banking resolution and the Customer confirms that each such individual is duly authorized, on the Customer's behalf, to execute agreements relating to banking services.

This boxed text is applicable only if the Customer's head office is in Quebec.
The parties have requested that this agreement and all documents, including any schedules, contemplated by this agreement be drawn up in English. *Les parties aux présentes ont exigé que cette entente et tous autres documents envisagés par les présentes soient rédigés en anglais.*

Date: _____

Customer Name:

Authorized Signatory

Authorized Signatory
