

Instructions

- All fields marked with (*) are mandatory and MUST be completed for the form to be valid.
- Attach a copy of a void cheque or a bank certified direct deposit form.
- Send the completed form along with void cheque or bank certified direct deposit form to:
 - o Email: ap@braemore.ca
 - o Mail: 50-550 WT Hill Boulevard South, Lethbridge, AB, T1J4Z9

Supplier Information (the "Supplier")

* Supplier Name	Trade / Doing Business As Name (if different from Supplier Name)	
* Address	* Telephone Number	
* City	* Province	* Postal Code
* Contact Name	* Contact Email	

Financial Institution (the "Bank")

* Name	* Address	
* City	* Province	* Postal Code
* Account No.	* Transit No.	* Institution No.

Sample Void Cheque

John Smith 1234 Main Street City, Province A1B 2C3	Date: _____ 1234
PAY TO THE ORDER OF _____ \$ _____	_____ DOLLARS
123 BANK 5678 Main Street City, Province A1B 2C3	100
1234 @00000 -000c 0000000000000*	Cheque No. Transit No. Institution No. Account No.

Terms of Authorization

The Supplier hereby authorizes Braemore Management Ltd. (the "Company") to credit the above account. This Authorization Agreement is effective as of the below signed date and is to remain in full force and effect until the Company has received notice of either its amendment or termination. The Supplier agrees to promptly notify the Company in writing if there is any change to the above account information or to have this Authorization Agreement cancelled.

_____	_____
* Printed Name	
_____	_____
* Authorized Signature(s) of Account Holder(s)	* Date (yyyy-mm-dd)

FOR OFFICE USE ONLY

Portfolio: _____

Braemore Management Ltd.
50-550 WT Hill Boulevard South
Lethbridge, Alberta T1J 4Z9

Revised May 2023