



WEST COAST
REDUCTION LTD.

Electronic Payment Program

Mail to: Electronic Payment Program
West Coast Reduction Ltd.
PO Box 4930, Station Terminal
Vancouver, BC V6B 8P2

Email: accounts payable@wcrl.com
Fax: 604.255.9313
Tel: 604.255.9301

Your Business / Company Information Vendor

| | |
|----------------|--------------------------------|
| Name: _____ | GST Reg #: _____ |
| Address: _____ | Contact Name: _____ |
| _____ | Telephone: _____ |
| City: _____ | Prov: _____ Postal Code: _____ |

Financial Institution Information

Name of Financial Institution: _____

Branch Address: _____

City: _____ Prov: _____ Postal Code: _____

Contact Number: _____

Financial Institution Transit Number: _____ (5 digits)

Financial Institution Number (FI#): _____ (4 digits)

Account Number: _____ (Maximum 12 digits)

****PLEASE ATTACH A COPY OF A VOID CHEQUE OR A BANK DEPOSIT SLIP****

For security reasons, we can only accept a copy of a void cheque or a pre-printed bank deposit slip. All financial institution information received is maintained in the strictest confidence. The information will be used to process direct electronic payments and cannot be used for any other type of financial or non-financial transaction.

Remittance Confirmation Information

Please supply an email address to which we can send a notification that payment has been made.

Email Address: _____

Email Recipient: _____

Authorization

I hereby authorize West Coast Reduction Ltd. to deposit all payments directly to the account specified above and confirm that the information is correct.

Authorized Signatory: _____ Date: _____

Name: _____

Position: _____