

SNOWBIRD CURRENCY EXCHANGE PROGRAM AUTHORIZATION TO CHANGE TRANSFER OPTION OR AMOUNT BY E-MAIL

CSA Member Number		
Account Holder's Name		
Joint Account Holder's Name		
Canadian Telephone Number		U.S. Telephone Number
Cellular Telephone Number		
E-Mail Address to Use for E-Authorizations		
E-MAIL PROCEDURE TO	O CHANGE EXISTIN	IG TRANSFER OPTION AND/OR AMOUNT
Send an e-mail message to csastaff@snowbirds.c to your currently registered transfer option and/or an Exchange Program (SCEP) above. Include in the m your name(s), CSA member number, telephone or cellular number at which the SC 	nount only from the e essage along with yo	
within two (2) business days of sending your e-mail ensure your e-mail was received by the SCEP. Please note you cannot change your banking inform	to the SCEP, please nation by e-mail. This	e-mail to confirm your wishes. If you do not receive a telephone call telephone the SCEP yourself at 416-391-9000 or 1-800-265-3200 to must still be done in writing, with an original signature, and include
In this authorization, "I/we", "my/our" and "me/us" refer to the who sign(s) below. I/We agree to participate in the Snowbird Currency Exchange and pre-authorize debits (Pre-Authorize Debit) from my/our obank account (VOID cheque must already be on file) made in changes that I/we submit by e-mail from time-to-time specific mail address that I am registering with the SCEP with this following the protocol outlined in the e-mail procedures above. I/We understand that the SCEP will pool my/our Canadian members' money to obtain preferred exchanges rates, and the in U.S. dollars will be deposited into my/our U.S. dollar bas United States. If, for any reason, the Pre-Authorized Debit is not successful my/our Canadian dollar bank account and is returned as No (NSF), and if the equivalent U.S. funds are deposited into results.	Account Holder(s) Program (SCEP) Canadian dollar n accordance with ically using the e- authorization, and dollars with other e equivalent value nk account in the lly withdrawn from n-Sufficient Funds	bank account, I/we authorize the SCEP to recover the equivalent U.S. fund from my/our U.S. bank account. I/We agree that all changes or cancellations, including changes in the ban account information, must be made in writing – by regular mail, fax or e-ma (except for changes to bank information) – at least five (5) business days pric to the first of each month. I/We agree that delivery of this authorization constitutes delivery of the same b me/us to my/our Canadian and U.S. bank and that each is not required to verif that any Pre-Authorized Debit has been withdrawn in accordance with thi authorization. I/We warrant that all persons whose signature is required to sign for the respective bank accounts have signed this authorization. I/We understand and agree to the foregoing terms and conditions and I/w acknowledge receipt of a copy of this authorization.
Dated at this	day of	, 20
Account Holder's Signature		Witness
Joint Account Holder's Signature		Witness

For joint accounts both signatures are required.