



MORE TO OFFER

Woodrill Ltd
7861 Hwy 7 East, RR #2, Guelph, ON N1H 6H8
Head Office: 519-821-1018 Fax: 519-821-5198

Please return completed form by email to kmacdonald@woodrill.com or by fax 519-821-5198

Direct Deposit Enrolment Account Information

Account Name: _____

Contact Name: _____

Street (911) Address: _____

Mailing Address: _____

City: _____ Postal Code: _____

Telephone: _____ Cell Phone: _____

I prefer to have my payment advice and settlement by:

Email: _____

Regular Mail

Direct Deposit Authorization

I hereby authorize Woodrill Ltd to initiate direct deposits to my account at the financial institution name below.

Further, I agree not to hold Woodrill Ltd responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This authority will remain in effect until Woodrill Ltd or my financial institution receives a written notice of cancellation from me, or until I submit a new direct deposit form.

Banking Account Information

| | | | |
|--------------------------------|---------------------------|-------------------------------|-------------------------------|
| Name of Financial Institution: | | | |
| Address: | | | |
| Account Number: | Branch Numbers (5- Digit) | Institution Number (3- Digit) | Account Number (max 12-digit) |

Authorizing Signature

| | | | |
|-----------------------|--|-------|--|
| Authorized Signature: | | Date: | |
|-----------------------|--|-------|--|

Please attach a voided cheque or deposit slip and return this form