



Global Payment Systems of Canada, Ltd.

DEBIT CARD SERVICES REQUEST FORM

PART 2

Merchant Information

NOTE: Please ensure that you have also requested Credit Card Services by completing a "Merchant Service Application Form" available at www.globalpayments.ca

Merchant Name
(Doing Business As) _____

Merchant Address _____

Additional Information

Global IDP _____ Average Ticket Size: \$ _____ Average Monthly Debit Volume: \$ _____

Legal Business Structure : PLEASE CHECK (√) ONE OF THE FOLLOWING

Sole Prop Partnership Corporate Government NON Profit

Chain Type: PLEASE CHECK (√) ONE OF THE FOLLOWING

Ownership Franchise Association Corporate Government NON Profit

Business Information

Trade Name	_____	Type of Business	_____
Registered Corp Name	_____	Sic Code/ Category Code	_____
Business Address	_____	Telephone Number	_____
	_____	Fax Number	_____
Mailing Address	_____	Language E/F	_____
	_____	Ownership Since	YY/ MM/ DD/
	_____	Date Bus Established	YY/ MM/ DD/

Seasonal Merchant If seasonal CIRCLE the months open below
(If applicable)

JAN FEB MAR APR MAY JUN JULY AUG SEPT OCT NOV DEC

Principal Applicant Information

1st Applicant Information (If applicable)

Name	_____	Name	_____
Applicant address (Home)	_____	Applicant address (Home)	_____
Telephone #	_____	Telephone #	_____
Fax #	_____	Fax #	_____
SIN (optional)	_____	SIN (optional)	_____
Date of Birth	_____	Date of Birth	_____
E-mail Address (optional)	_____	E-mail Address (optional)	_____

Signed: _____

Date: _____

To service this implementation without delay, all fields must be completed prior to submission

Email completed form to: cdn.eastprogramming@globalpay.com



Merchant Information

NOTE: Please ensure that you have also requested Credit Card Services by completing a "Merchant Service Application Form" available at www.globalpayments.ca

Merchant Name (Doing Business As), Merchant Address, City, Prov, State (U.S.), Postal Code/Zip, Contact Name, Email, Telephone Number, Fax Number, Existing GPS Credit Bank ID, Existing GPS Credit Terminal / Merchant ID

Settlement Information

NOTE: Please ensure that the information below is ACCURATE as it affects your Bank Account deposits.

Check (✓) the Bank to which you want your Debit Card funds deposited to:

- Alberta Treasury Branches (0219), Bank of Montreal (0001), Bank of Nova Scotia (0002), CaissesDesjardins (Many), CIBC (0010), Citibank (0260), Credit Union (Many), National Bank (0006), TD Canada Trust (0004), RoyalBank (0003)

You must attach a VOID cheque from the bank account that you have chosen to deposit to.

Note: If cheques are not available from the account you are requesting, please provide a letter from the branch or any other relevant document that clearly identifies the branch transit number and account number.

How many lanes/pinpads are you requesting

I agree to verify my bank accounts on a daily and monthly basis, to ensure that I am correctly receiving my deposits from Global.

Signed:

Date:

Email completed form to: cdn.eastprogramming@globalpay.com

Global Setup Information

This section will be completed by GPS Implementations Department

Pinpad ID 1-5, HW Serial No., MMF Bank ID, Agent Banks, Plan Number, Company Number, Billing Method (DEBIT, INVOICE), RETAILER ID (PRDF/PDS), Financial Institution Id, Init/Date, Transit No., Account No.

Setup Completed by:

Date:

Global Payment Systems of Canada, Ltd.

Phone 416-644-5959

Email completed form to: cdn.eastprogramming@globalpay.com