



TRANSMITTAL INSTRUCTIONS

To: Bill Payments, Product Support
Central 1 Credit Union
Fax: **604-730-4438**

BILLER NAME AND ADDRESS

Billers Trade Name

Billers Legal Name *(if different from trading name)*

Billers Address *(street address, city, province, postal code)*

Company Web Address

In which Province/Territory do you operate? *(Please check the applicable area)*

- Nationally or the following only:
- | | | | |
|---|--|---|---------------------------------------|
| Alberta <input type="checkbox"/> | Newfoundland/Labrador <input type="checkbox"/> | Nunavut <input type="checkbox"/> | Quebec <input type="checkbox"/> |
| British Columbia <input type="checkbox"/> | Northwest Territories <input type="checkbox"/> | Ontario <input type="checkbox"/> | Saskatchewan <input type="checkbox"/> |
| Manitoba <input type="checkbox"/> | Nova Scotia <input type="checkbox"/> | Prince Edward Island <input type="checkbox"/> | Yukon <input type="checkbox"/> |
| New Brunswick <input type="checkbox"/> | | | |

CONTACT INFORMATION

Primary Contact for Biller

Contact Name	Phone No.	Fax No.	Email
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Secondary Contact for Biller

Contact Name	Phone No.	Fax No.	Email
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CATEGORY TYPE

Please check one of the following:

- | | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|--|
| Cable <input type="checkbox"/> | Oil Company <input type="checkbox"/> | Retail Store <input type="checkbox"/> | Telecommunication <input type="checkbox"/> |
| Credit Card <input type="checkbox"/> | Other <input type="checkbox"/> | School <input type="checkbox"/> | Utility <input type="checkbox"/> |
| Insurance <input type="checkbox"/> | Property Tax <input type="checkbox"/> | | |

ACCOUNT VALIDATION RULES

The customer account number contains the following:

- All alpha characters All numeric digits Alpha and numeric

Length of the customer account number:

Minimum Length: _____ Maximum Length: _____ Fixed Length of: _____ digits.

Does the customer account number contain a special check digit formula (e.g. Luhn's Mod 10)?

- Yes No

If yes, please supply a detailed description of how the check digit is calculated below, as well as 6 valid sample account numbers:

PAYMENT REPORTING OPTIONS

Please select one of the following options:

- Secure Report Distribution (SRD) (recommended) *
- Fax Payment Detail report when transactions occur **
- EDI (Electronic Data Interchange) format / electronic file download

* *Web-based application to enhance security. Provides user-friendly features and flexibility. Log in anytime and access reports from an online archive for up to 30 days. Reports can be viewed, downloaded, and/or printed. Reports are created, sequentially numbered, and available each day. Daily email is optional. Unlimited users. See Form 2356 to apply.*

** *A fax will be received only for those days when there are transactions. Each fax is sequentially numbered and will list the transactions for that day.*

SETTLEMENT METHOD

Settlement of bill payments is performed on the following business day.

Deposit details:

Financial Institution Name: _____
Institution Number (3 digit number): _____
Transit Number (5 digit number): _____
Account Number: _____

Please provide a void cheque drawn on the account that is to be used for settlement purposes. *(mandatory)*

CONSENT (OPTIONAL)

Complete this section only if you wish to have your company registered for bill payments with financial institutions other than the participating credit unions in BC, Alberta, Saskatchewan, and Manitoba. Your banking account must be held with a credit union in one of these provinces for us to be able to pass your application along to the other financial institutions. Please note that some financial institutions charge a setup fee for which you will need to settle before your company will be set up by them. This requirement will be supplied by the applicable financial institution.

Please check those that are applicable:

- All institutions listed below or the following only:
- | | | | | | |
|---------------------------|--------------------------|---------------|--------------------------|------------------|--------------------------|
| Alberta Treasury Branches | <input type="checkbox"/> | HSBC | <input type="checkbox"/> | Scotia Bank | <input type="checkbox"/> |
| Bank of Montreal | <input type="checkbox"/> | National Bank | <input type="checkbox"/> | Toronto Dominion | <input type="checkbox"/> |
| CIBC | <input type="checkbox"/> | Royal Bank | <input type="checkbox"/> | | |

Each institution may send you a proprietary application form to complete.

ADDITIONAL MANDATORY DOCUMENTATION

Please send the following documents with this application form. Any missing documents may delay your setup.

1. The signed agreement.
 2. A copy of a void cheque.
 3. A copy of an invoice or, if your company does not issue invoices, a copy of your business license.
 4. Administrator Appointment Request – Secure Report Distribution, Form 2356, if downloading of a file or report is selected.
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APPLICANT SIGNATURE

Applicant Name

Applicant Title

X

Applicant Signature

Date