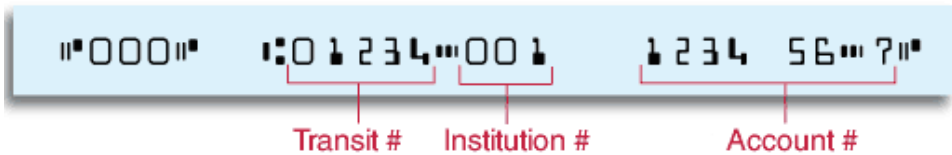
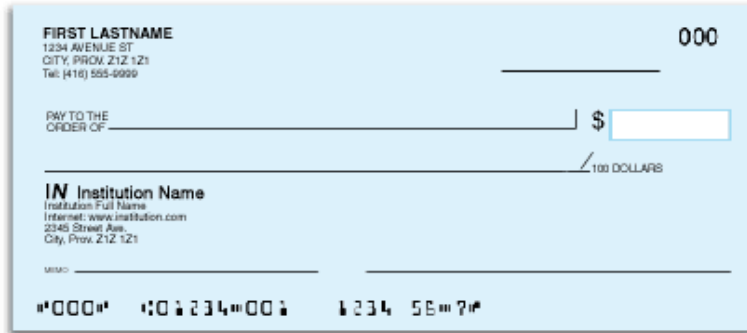


Organization Information and Mailing Address:

Name:	
Address Line 1:	
Address Line 2:	



Banking Information Details (attach a void cheque)

Bank Transit # (5 digits):	
Institution # (3 digits):	
Account #:	
Name of Financial Institution:	
Address of Financial Institution:	

The completion of this form authorizes the Cambridge Gaming Association to credit your "Designated Business Account"

(authorized signature)

(authorized signature)

(print name)

(print name)

(date)

(date)