



INSTRUCTIONS

To enroll in Central 1's Electronic Bill Payment System, the Biller must complete this form and fax it to
 Central 1 PaymentStream Support
 Bill Payments
 Fax: **1-855-730-6424**
 Email: **billers@central1.com**

BILLER NAME AND ADDRESS

Biller Trade Name
Biller French Trade Name <i>(if applicable)</i>
Biller Legal Name <i>(if different from trade name)</i>
Biller Address <i>(street, city, province, postal code)</i>
Company Web Address

In which province/territory do you operate? *(Choose the applicable area.)*

Nationally

or the following only:

- | | | | |
|--|---|--|------------------------------------|
| <input type="radio"/> Alberta | <input type="radio"/> Newfoundland/Labrador | <input type="radio"/> Nunavut | <input type="radio"/> Quebec |
| <input type="radio"/> British Columbia | <input type="radio"/> Northwest Territories | <input type="radio"/> Ontario | <input type="radio"/> Saskatchewan |
| <input type="radio"/> Manitoba | <input type="radio"/> Nova Scotia | <input type="radio"/> Prince Edward Island | <input type="radio"/> Yukon |
| <input type="radio"/> New Brunswick | | | |

CONTACT INFORMATION

Primary Contact for Biller

Contact Name	Phone No.	Fax No. <i>(mandatory)</i>	Email
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Secondary Contact for Biller

Contact Name	Phone No.	Fax No. <i>(mandatory)</i>	Email
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CATEGORY TYPE

Choose one of the following:

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

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 *(cannot exceed 20 characters)*

Minimum Length _____ Maximum Length _____ Fixed Length of _____

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

- Yes No

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

PAYMENT REPORTING

The Secure Report Distribution (SRD) report allows authorized users to access bill payment reports in an online archive for up to 30 days. Reports can be viewed, downloaded, and/or printed. Reports are created in numerical sequence, and available each day. See SRD Administrator Appointment Request — Secure Report Distribution, Form 2356, to apply.

SETTLEMENT METHOD

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

Deposit details:

Financial Institution Name: _____

Institution Number (3 digit number): _____

Branch Number (5 digit number): _____

Account Number: _____

Please provide a void cheque drawn on the aforementioned account. (*mandatory*)

ADDITIONAL MANDATORY DOCUMENTATION

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

1. The signed Electronic Payment Consolidation and Settlement Agreement, Form 1333.
2. A copy of a void cheque.
3. A copy of an invoice, bill, or payment letter showing the placement of your customer's assigned account number.
4. The SRD Administrator Appointment Request — Secure Report Distribution, Form 2356.

BILLER AUTHORIZATION

Name of Signing Officer

Title of Signing Officer

X

Signature of Signing Officer

Date

