

INSTRUCTIONS

Sole Proprietor or Signing Officer that is an Authorized Signatory

Do not complete this Consent. Complete the Consent — Sole Proprietor or Authorized Signatory instead.

Signing Officer that is only an Authorized User

Attend at the Financial Institution branch to complete the Consent.

FINANCIAL INSTITUTION INFORMATION

Financial Institution Name (the “Financial Institution”) and Address Kawartha Credit Union 14 Hunter St. E. Peterborough, ON. K9J 6Y5		Account No. (the “Account”)
		Phone 1-855-670-0510
Email info@kawarthacu.com	Website www.kawarthacu.com	Fax

PERSONAL INFORMATION AND IDENTIFICATION (*Fields marked with an asterisk are required.)

Name*	Citizenship†	Date of Birth*
	Primary ID*	Secondary ID†
	Expiry Date	Expiry Date
Address*	Home Phone*	Work Phone*
	Email	

I can withdraw any consent I give below for the collection, use, and disclosure of my personal information at any time by contacting the Financial Institution, using the information above. I may be asked to provide a request in writing.

If I withdraw my consent, the Financial Institution may no longer be able to provide me or the third party for whom I am acting with a product(s) and/or service(s).

PERSONAL INFORMATION CONSENT

I consent to the Financial Institution and its agents and representatives collecting, using, and disclosing my personal information as follows:

- a) to obtain, verify, and maintain records of my identity, employment, residence, credit (excluding a full personal credit report), and other personal information about me, in accordance with the Financial Institution’s requirements to manage its risk arising from its operations or as otherwise required by law, including money laundering laws and regulations;
- b) to enable the Financial Institution to adequately assess, from time to time, the risks associated with
 - i) opening and operating the Account, including any future Accounts,
 - ii) any present or future application for credit,
 - iii) providing financial products or services requested by me or the third party for whom I am acting, or
 - iv) the continued provision of credit or financial products or services to me or the third party for whom I am acting, all of which may result in the granting of credit, or granting of interim provisional credit to me or the third party for whom I am acting, which makes my personal information, including credit information, relevant to the Financial Institution’s assessment of risk;
- c) to facilitate the collection of debts owing by me or the third party for whom I am acting to the Financial Institution;
- d) to obtain records (excluding a full personal credit report) containing credit and other personal information about me from any person or source, from time to time, including other financial institutions or credit reporting agencies, for any of the purposes listed herein, or any purposes as otherwise may be reasonably necessary to provide financial products or services I have requested from the Financial Institution for myself or for the third party for whom I am acting, or as otherwise may be permitted or required by law;
- e) to protect me, a third party for whom I am acting, or the Financial Institution from error and fraud such as identity theft; and
- f) to provide and administer the Account and other related products and services for me or the third party for whom I am acting, and to ensure my records are kept separate from others with the same name.

PERSONAL INFORMATION CONSENT (CONTINUED)

I also consent to the Financial Institution and its agents and representatives disclosing my personal information to the following:

- a) suppliers of products and services to me, the third party for whom I am acting, or the Financial Institution, including data service providers, cheque printers, and card manufacturers located in other countries, affiliates of the Financial Institution, provincial or national central credit unions, or trade associations in connection with providing and administering the Account and related products and services for me or the third party for whom I am acting; and
- b) participants in the payment and clearing systems in connection with providing and administering the Account and related products and services for me or the third party for whom I am acting and to other financial institutions that I request pay cheques drawn on the Financial Institution.

I understand that if my personal information is disclosed to service providers located in other countries, my personal information may be accessible by law enforcement and national security agencies in that country.

I also consent to the Financial Institution communicating with me or the third party for whom I am acting by Commercial Electronic Message (meaning a message sent by any means of telecommunication, including email, voice, sound, text, or image) for any purposes related to the uses listed in this Personal Information Consent. This consent does not include Commercial Electronic Messages for the purposes of marketing. My consent is not required where the Financial Institution communicates with me or the third party for whom I am acting by Commercial Electronic Message for the purposes of, and in keeping with, legislative requirements.

If there is more than one signing officer, I consent to the Financial Institution disclosing information about the Account, excluding personal information, as instructed by any one of the signing officers.

Additional information about the Financial Institution’s privacy policy can be obtained by contacting a Financial Institution representative.

X
Signature **Name** **Date**