



**DIRECTLINE®
REAL TIME TRANSFERS FOR e-reg™
INFORMATION PROFILE**

PLEASE MAIL OR DELIVER TO: BANK OF MONTREAL, CASH MANAGEMENT SERVICES, 100 KING STREET WEST, B2, TORONTO, ONTARIO M5X 1A3

1. CUSTOMER INFORMATION – All fields are mandatory		NEW <input type="checkbox"/>	AMEND <input type="checkbox"/>	LANGUAGE: ENGLISH <input checked="" type="checkbox"/>
CUSTOMER NAME:	_____ (Max. 30 Characters)			
CUSTOMER ADDRESS:	_____	SUITE/FLOOR #:	_____	
CITY:	_____	PROV:	_____	POSTAL CODE: _____
PRIMARY CONTACT:	_____			
ALTERNATE CONTACT:	Name _____	Telephone # _____	Fax # _____	E-mail Address _____
	Name _____	Telephone # _____	Fax # _____	E-mail Address _____

2. SERVICE SOLUTION AND FEES		
DIRECTLINE REAL-TIME ACCOUNT INFORMATION <input checked="" type="checkbox"/> @ \$15.00 PER ACCOUNT PER MONTH	DIRECTLINE TRANSFERS <input checked="" type="checkbox"/> @ \$15.00 PER TRANSFER PER MONTH	DIRECTLINE USERS <input checked="" type="checkbox"/> @ \$5.00 PER USER PER MONTH
ABS CODE: DLI	ABS CODE: TPT	ABS CODE: USR

3. TRUST ACCOUNT INFORMATION					DO NOT ENTER – FOR BANK OF MONTREAL USE
TRUST ACCOUNT NAME (MAX. 10 CHARACTERS)	TRANSIT #		ACCOUNT #		DLS TRUST ACCOUNT NAME (MAX 15 CHARACTERS)
	TRANSIT #		ACCOUNT #		
	TRANSIT #		ACCOUNT #		
	TRANSIT #		ACCOUNT #		
	TRANSIT #		ACCOUNT #		

4. USER INFORMATION			
USER NAME	ADDRESS IF DIFFERENT THAN ABOVE	PHONE NUMBER	E-MAIL
_____	_____	_____	_____
_____	_____	_____	_____
FOR ADDITIONAL USERS SEND A SEPARATE SHEET <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/>	_____	_____	_____

Please indicate the account to be debited for the billing of this service:

5. BILLING ACCOUNT INFORMATION		
	TRANSIT # (5 DIGITS)	ACCOUNT #
BANK OF MONTREAL	_____	_____
OTHER BANK INSTITUTION NAME:	_____	_____

5A. CLIENT CONTACT INFORMATION (BILLING): (If different than attached)			
COMPANY NAME:	_____	LANGUAGE: ENGLISH <input checked="" type="checkbox"/>	FRENCH <input type="checkbox"/>
ATTENTION:	_____	TITLE:	_____
ADDRESS:	_____	TELEPHONE #:	_____
CITY:	_____	SUITE/FLOOR #:	_____
	PROV: _____	POSTAL CODE:	_____

I have read, and signed the following legal documents:, and included them with this form:



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1. Cash Management Services Master Agreement
2. LEGAL TRUST ACCOUNT DIRECTLINE® SERVICE AGREEMENT