

## AUTHORIZATION FOR RELATED ENTITY (SCHEDULE "A")

**IMPORTANT:** This section (Schedule "A") is to be completed **only** if the claim is being submitted by a parent company on behalf of a subsidiary or affiliate. **This section must be completed by an individual with authority to bind the Settlement Class Member.**

Contact information for person completing this authorization:

Full Name:*	
Title/Position:*	
Complete Address:*	
Email:*	
Telephone Number:*	

I \_\_\_\_\_ [name of individual (claimant)] am authorized to submit a Claim in the Canadian Credit Card Class Actions Settlement distribution on behalf of \_\_\_\_\_ [name of Settlement Class Member (Merchant)].

- \*I have the authority to bind the Settlement Class Member.
- \*I understand that all communications relating to the claim will be directed towards my representative and that any resulting payment will be issued to my representative.

\*Executed in \_\_\_\_\_, \_\_\_\_\_  
City Province

\_\_\_\_\_  
\*Full Name

\_\_\_\_\_  
\*Signature