

## AUTHORIZATION FOR THIRD-PARTY (SCHEDULE "B")

**IMPORTANT:** This section (Schedule "B") is to be completed **only** if the Claim is being submitted on behalf of a Settlement Class Member by a representative (including a third-party claims service or lawyer of their own choosing). **This section must be completed by an individual with authority to bind the Settlement Class Member.**

Contact information for person completing this authorization:

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 understand that the claims filing process was designed to enable Settlement Class Members to submit claims without the assistance of an agent and that the Settlement Class Member can contact the Claims Administrator at no charge to ask questions about the claims filing process.
- \*I have reviewed the information to be submitted by my representative as part of the Claim form.
- \*I can attest based on personal knowledge that the information to be submitted by the representative on behalf of the Settlement Class Member accurately reflects the business records of the Settlement Class Member.
- \*that any resulting payment will be issued to my representative.
- \*I have the authority to bind the Settlement Class Member.

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

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

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