



Everyday Financial Value

DEPOSIT AUTHORIZATION LETTER-ADDITIONAL SENDER (S)

I hereby give **LASCO Financial Services Limited (LFSL)** authorization to initiate single or recurring ACH* and other banking transactions (including but not limited to over the counter, internet banking or wire transfer) to credit the account** stated below for remittances sent through MoneyGram Payment Inc. or Continental Exchange Solutions, Inc. dba RIA Financial Services Money Transfer system on my behalf until further advised.

Beneficiary/ies /Account Holder's Name: _____

Beneficiary Telephone #: _____

Sender's Name: _____

Sender's Address: _____

Sender's Telephone # and Email address: _____

Sender's Name: _____

Sender's Address: _____

Sender's Telephone # and Email address: _____

Sender's Name: _____

Sender's Address: _____

Sender's Telephone # and Email address: _____

Sender's Name: _____

Sender's Address: _____

Sender's Telephone # and Email address: _____

By signing this form, I the undersigned hereby confirm that I have verified my Bank, Branch or Transit No and Bank Account number with the Bank indicated above and confirmed that the information stated by me is true and correct. I also confirm, that I will not hold LFSL liable should either the Branch or Account Number or both be incorrect and that LFSL, is not obligated to verify this information.

I also hereby authorize LFSL to transact on my account held with the financial institution noted herein (the "Account") and confirm that I/We am/are the authorized signatory/ies on the Account. I/We acknowledge that LFSL will not be held liable for any Delay in payments made to the Account and or any return of the transaction by the Financial Institution resulting from any losses. I/We hereby hold LFSL harmless against any action or claim brought by a third party who has/may have a beneficial interest in the Account.

I/We also agree to notify LFSL promptly of any changes to the Account or provide information on a new account in a timely manner and that LFSL will not be liable for any losses resulting from the change in the Account details and same not being communicated to LFSL.

This authority is to remain in full force and effect until LFSL has received written notification from me/us of its termination in such a time and manner as to afford LFSL a reasonable time to act upon it.

BENEFICIARY PRINTED NAME

BENEFICIARY SIGNATURE

DATE

*ACH – Automated Clearing House
**_Includes LASCO Pay Mastercard Accounts
** - Money transfer can be sent to JA\$ Account only