



INSTITUTION # 303

TRANSIT # 00012

AMEX BANK OF CANADA

NEW ACCOUNTS DEPARTMENT

CUSTOMER CONSENT FORM

Reference Number: _____

**TO BE COMPLETED BY THE APPLICANT
All fields are mandatory unless otherwise indicated**

Applicant Name: _____

I hereby confirm my existing consent to Amex Bank of Canada and Amex Canada Inc. (collectively "American Express") verifying personal information about me through my financial institution and to my financial institution disclosing personal information about me to American Express.

Name of Financial Institution:

Bank Contact Name (Optional):

Address of Financial Institution:

Chequing or Savings Account #: _____ Transit #: _____

Applicant Signature: _____ Date: _____

To expedite the processing of your application please complete this form and upload it to www.americanexpress.ca/appinfoupdate. Alternately you can fax it to 1-855-533-6073

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