

ENJOY THE CONVENIENCE OF ELECTRONIC WITHDRAWALS AND DEPOSITS BETWEEN YOUR E-CASH ACCOUNT AND YOUR BANK

How to Enroll

1. Print off this form and complete the Pre-Authorized Withdrawal and Deposit Agreement, below.
2. Attach an unsigned check marked "VOID".
3. Return the **voided check and completed agreement** for processing to CryptoLogic Inc. by fax (416-545-1454) or by mail (CryptoLogic Inc., ECP Department, 6th floor, 1867 Yonge Street, Toronto, Ontario, M4S 1Y5, CANADA).

Pre-Authorized Withdrawal and Deposit Agreement

CryptoLogic E-Cash Account #:

Name of Account Holder as shown at my Bank:

If a joint bank account, all names are required.

Bank's Name and Address:

My Account # at my Bank:

Type of Account: checking [] or savings [] or other _____ (please specify type)

I authorize CryptoLogic Inc., as I may request, to withdraw amounts from my account at the bank set out above and to deposit funds to it. All such withdrawals and deposits shall be to or from my CryptoLogic E-Cash account and shall be initiated on the

business day following my on-line request.

I certify that the information provided in this authorization is correct and that I will notify CryptoLogic in the event of any changes.

I certify that my bank account is in good standing, and will have sufficient funds to cover withdrawals as requested from time to time. Charges will apply if any payments are unmet due to insufficient funds.

I understand that CryptoLogic will process my on-line withdrawal or deposit requests only if each one is accompanied by my CryptoLogic PIN#.

CryptoLogic will initiate the transfer of funds from/to my bank account on the business day following my on-line request. "Business day" shall mean any day other than Saturday, Sunday or holidays, on which banks are open for business.

I understand that CryptoLogic will not charge me for this service over and above its standard E-Cash account charges, but that my bank may impose a charge.

I understand that CryptoLogic may modify, restate or amend the terms and conditions of this Agreement by the same method as it changes the terms and conditions of the Ecash License Agreement to which I am a party. If, after the effective date of my modification, restatement or amendment of these terms and conditions, I commence or continue to make on-line requests (other than for a return to me of all funds then in my CryptoLogic e-cash account), I will be deemed to have accepted the change.

I understand that this Agreement can be terminated upon written notification by e-mail (ecp@cryptologic.com), or fax (416-545-1454) at any time, by me or CryptoLogic.

Authorized and Agreed.

Date:

Signature:

Signature:

If joint bank account, all signatures are required.