

Join Club Cash®

Instructions for Submitting this Printable Form

Important: This form cannot be submitted online.

To complete this form:

Step 1: Complete form using your computer keyboard and the tab key.

Step 2: Print and sign the form.

Step 3: Forward the signed form to your Manager or Travel Manager for signature.

Step 4: Once proper authorization is obtained, fax or mail the form to the number or address provided below.

Please fax this form to: 1-855-803-7341

Or mail this form to:

Diners Club

P.O. Box 3200

RPO Streetsville

Mississauga, ON L5M 0S2

For questions concerning this form, please call: 1-800-663-1527

Club Cash®

Cardmember Enrollment Form

With Club Cash access, cash for business expenses is as close as the nearest Automated Teller Machine (ATM). All you need is your Diners Club Corporate Card and your Personal Identification Number (PIN) to access cash at ATMs worldwide, 24 hours a day, seven days a week.

For more information on the Club Cash program, refer to the Cash Access section of this website or your Online Membership Sourcebook, or call 1-800-663-1527.

Personal Identification Number (PIN)

Bank of Montreal will choose your PIN and mail it to you. Upon receipt of your assigned PIN, if you would prefer to replace it with a PIN of your choice, you can call the Customer Care Centre at 1-800-663-1527.

Personal Information

Complete the Personal Information section, then forward this form to your Employer's Travel Coordinator for authorization.

Cardmember Name _____ Diners Club Card Number _____

Date of Birth **DD MM YYYY** _____

By signing below, I ask to be enrolled in the Club Cash Program and agree to be bound by all terms of the Employee Cardmember Agreement as of the date below.

Cardmember Signature

Effective Date

X _____

DD MM YYYY _____

Your signature on this Application Form indicates that you have read the terms and conditions on this form and agree to them.

Cash Advance Limit (to be complete by Travel Coordinator)

Club Cash will be set with standard cash advance limits unless stipulated differently in your Organization's contract with Bank of Montreal. If a monthly limit different from your Organization's standard limit is desired for this Cardmember, please indicate below. Limits must be approved by Bank of Montreal.

Requested Monthly Limit _____ Weekly Limit _____

Organization Authorization

Please fax the printed and signed form to 1-855-803-7341.

Authorized Representative of Employer Name

Authorized Representative Title

Organization Name _____

Authorized Representative Signature

Date Authorized

X _____

DD MM YYYY _____