

### AUTHORIZATION TO RELEASE BANKING INFORMATION

Please complete and e-mail your request to [receivable.stablex@stablex.com](mailto:receivable.stablex@stablex.com). For additional information, please dial (450) 430-9230 ext. 884724.

I, \_\_\_\_\_, \_\_\_\_\_  
(Name) (Title)

for \_\_\_\_\_, hereby authorize \_\_\_\_\_  
(Company's name) (Bank Manager's name)

of the \_\_\_\_\_  
(Financial Institution name and address)

to provide Stablex Canada Inc. with the banking information regarding our account(s)  
number(s) \_\_\_\_\_ .  
(Account number(s) / bank account transit number)

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

Name : \_\_\_\_\_

Signature : \_\_\_\_\_