

**AUTHORIZATION TO RELEASE
BANKING INFORMATION
(required by your Bank)**

Please complete and e-mail your request to Christine Quesnel, at cquesnel@stablex.com or by fax at (450) 430-4642. For additional information, please dial (450) 430-9230 ext 724.

I, _____, (title) _____
(name)

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

of the _____
(Financial Institute name and address)

to provide Stablex Canada Inc. with the banking information regarding our account(s)

(account number(s) / bank account transit number)

Dated at _____ this _____ day of _____ 20 ____.

Name : _____

Signature : _____