

**AUTHORIZATION TO RELEASE
BANKING INFORMATION**

Please complete and e-mail your request to receivable.stablex@stablex.com. For additional information, please dial (450) 430-9230 ext. 4708.

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 : _____