



Karen Jakubos Professional Corporation

CHARTERED PROFESSIONAL ACCOUNTANT

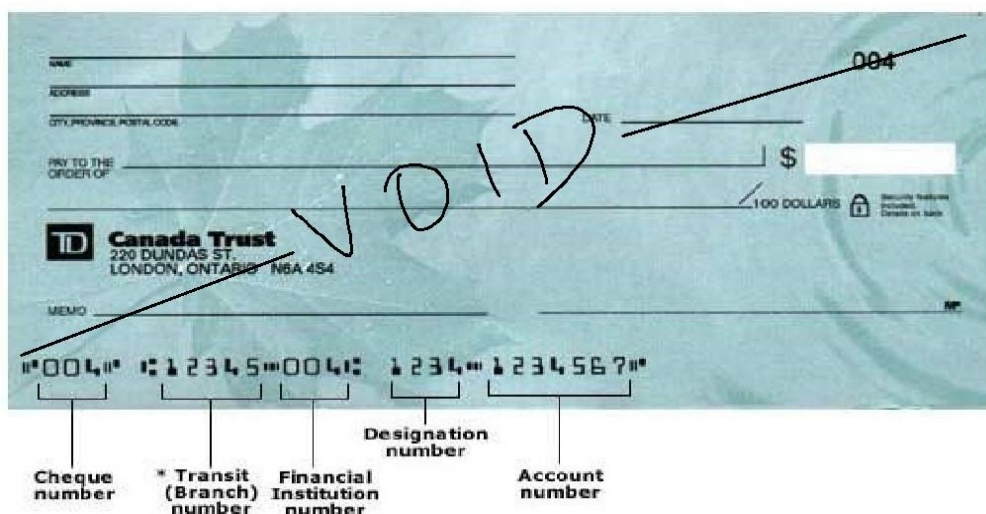
DIRECT DEPOSIT AUTHORIZATION

Please print and complete ALL the information below.

Name: _____

Address: _____

City, Province, Postal Code: _____



Name of Bank: _____

Address of Bank: _____

Transit #: _____

Institution #: _____

Account #: _____

Attach a voided check for each bank account to which funds should be deposited (if necessary)

Signature: _____

Date: _____