

To Whom it May Concern,

Please accept this copy of a VOID cheque as confirmation of my banking account information for purposes of pre-authorized debit or credit.

Name		ACCOUNT NO.	_	-	-					
Address	Tel.	DA	TE	2	0		-		-	
City/Town	Postal Code			Y	Y	Y	r N	M	D	D
PAY TO THE						\$				
ORDER OF					/	,				
				<u> </u>	100 [DOLL	ARS	Sec incl Det	urity featu uded. ails on bac	K.
	COASTAL FINANCIAL CREI TUSKET BRANCH	DIT UNION LTD.								
76.	P.O. BOX 130 TUSKET, NS BOW 3M0									

101933-8391

Sincerely,

Signature