



Please fill out the information below:

I (we) hereby authorize Jusuru International Canada ULC to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my (our):

Select one:

- Checking Account
- Savings Account

Financial Institution _____
(Bank name, for example "Royal Bank of Canada")

Branch Address _____

City _____ Province _____ Postal Code _____

Transit Number

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 Institution Number

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Bank Account Number _____

This authorization is to remain in full force and effect until Jusuru International Canada ULC has received written notification from me (or either of us) of its termination in such time, and in such manner as to afford Jusuru International Canada ULC and Financial Institution a reasonable opportunity to act on it.

Name(s) _____
(Please Print)

iRep ID Number _____

Signature _____

Date _____
(DD/MM/YYYY)

Please fax the SIGNED form to +1 714 678 1998 OR scan and email to accounting@Jusuru.com.