



COMPANY INFORMATION

Client Name: Positron Access Solution Inc.
Tax ID Number (If foreign please indicate "Foreign"): Foreign

ACCOUNTS TO BE CLOSED

Account Number: 3300624401 Account Number: _____
Account Number: _____ Account Number: _____

REASON FOR CLOSURE

Brief explanation for closure: Consolidation of accounts

REMITTANCE INSTRUCTIONS

Transfer Funds to Another SVB Account


Name on Account: _____
Account Number: _____

Cashier's Check Request

Payable To: Positron Access Solution Inc.
Attn: Gaetan Lemay

Mailing Address (may **not** be a PO Box): 5101, Buchan Street Suite 220
City: Montreal State: QC Zip Code: H4P 2R9

AUTHORIZATION

 04/06/2021
Authorized Signature Date
Reginald Weiser President
Print Name Title

Authorized Signature* Date

Print Name Title
*To be used only if Client's SVB Bank Depositor Agreement specifies that two signatures are required.