

## Request to Close Account

## COMPANY INFORMATION Client Name: Positron Access Solution Inc. Foreign Tax ID Number (If foreign please indicate "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 Zip Code: H4P 2R9 City: Montreal State: QC **AUTHORIZATION** 04/06/2021 Authorized Signature Date President Reginald Weiser Title Print Name

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

Authorized Signature\*

Print Name

Date

Title