

Solo Growth Corp.
 Solo Cannabis Corp.
 1100, 634-6th Ave SW
 Calgary, AB T2P 0S4

Electronic Funds Transfer (EFT) Authorization Agreement

Receive your payments by direct deposits (EFT) easily and conveniently. Use this form to provide your account information in place of a voided cheque and simply return it to us at ap@sologrowth.ca. Once processed, we can send your invoice payments directly to your account via EFT.

Questions? Call us at (403) 455-7656 or email us at ap@sologrowth.ca.

All invoices for Solo Growth Corp and Solo Cannabis Corp should be directed to this email address for processing as well.

Request Type:

New Setup <input type="checkbox"/>	Cancellation <input type="checkbox"/>	Change of Information <input type="checkbox"/>	Request Date: _____ mm/dd/yy
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Supplier Information:

Supplier Name:	
Alternate Name (dba name, if applicable):	

Supplier Address*:

Street Address:			
City, Province:		Postal Code:	
Contact Name:		Phone Number:	
Remittance Email**:			

* If multiple locations exist, please provide an appended list of all such locations this bank information applies to.

** The Remittance email providing the applicable payment details will be sent for each EFT.

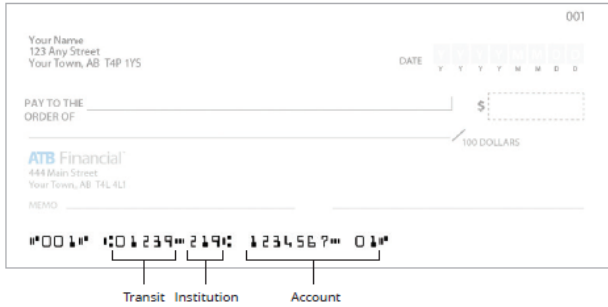
Banking Information (please complete below or attach a voided cheque):

Institution Details:

Institution Name:	
Branch Address, City Province, Postal:	



How to find your banking information on a cheque:



Account Details:

Name on Account:			
Address on Account: Same as Supplier? <input type="checkbox"/>			
City, Province on Account:		Postal Code on Account:	
Institution Number:		Type of Account:	Business <input type="checkbox"/> Personal <input type="checkbox"/>
Transit Number:		Account Number:	

Authorization I (we) hereby authorize Solo Growth Corp. and its affiliates (“Solo”) to direct payments electronically to the bank account specified here. I (we) acknowledge that the origination of the EFT transactions to my (our) account must comply with the provisions of Canadian law. This authorization agreement is effective as of the effective date above and is to remain in full force and effect until Solo has received notification of its termination. I (we) agree to submit an updated EFT Authorization Agreement Form to Solo for the cancellation of this agreement or to make any changes to the information provided within this agreement.

Authorized Signature(s):

Signature: _____

Printed Name, Title: _____

Date: _____

Signature: _____

Printed Name, Title: _____

Date: _____

Scan and email the completed form and voided cheque to: ap@sologrowth.ca

Or Mail the completed form to:

Solo Growth Corp., Accounts Payable
 1100, 634-6th Ave SW
 Calgary, AB T2P 0S4

