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Online Banking Authorization Form

	New Requ	uest Modified	Request
Bank Name			Branch No
Company Name (If A	Applicable)		
Contact Person		Email Address	Tel/Cell No.
Account Number _			
Name on Account _			
I/We		(i	individual(s)/company's name), of
			address) do hereby authorize Y, BELIZE to transfer monies to my /our
above mentioned ba	nk account.		
Signature			Date