



# WILD ROSE

**BOX 5150  
WESTLOCK, AB T7P 2P4**

**TEL: 780-349-3655  
FAX: 780-349-3659**

## PERMISSION TO ACCESS ACCOUNT

I, \_\_\_\_\_ hereby give  
Account Holder - **Print Name**

\_\_\_\_\_ permission to access any information he/she  
Authorized Access Person - **Print Name**

may require with regard to my Wild Rose REA Ltd. Account No(s) \_\_\_\_\_.

Signed by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_.  
Account Holder's **Signature**

\_\_\_\_\_  
Witness- **Print Name**

\_\_\_\_\_  
Witness' **Signature**

Signed by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_\_.  
Authorized Access Person's **Signature**

\_\_\_\_\_  
Witness - **Print Name**

\_\_\_\_\_  
Witness' **Signature**