

ACH AUTHORIZATION AGREEMENT

Please complete the following fields to begin the electronic transfer of funds between your brokerage account and your bank account. You may begin depositing funds into your brokerage account from your bank account, or send payments to your bank account from your brokerage account. All transactions are processed through the Automated Clearing House (ACH) system.

I. ACCOUNT INFORMATION

ACCOUNT TITLE: _____

ACCOUNT NUMBER:

II. BANK ACCOUNT INFORMATION

ABA NUMBER: _____

DDA NUMBER: _____

BANK NAME: _____

CITY: _____

STATE: _____

ZIP: _____

ACCOUNT TYPE: CHECKING SAVINGS

I/We hereby authorize Pershing LLC, to initiate credit/debit entries to the bank account indicated above and further authorize my (our) bank to debit the same to such account.

This authority is to remain in full force and effect until Pershing has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing and my (our) bank a reasonable opportunity to act on it. It is understood that if the systematic reinvestment system is selected, the purpose of this authorization is to provide a means of payment for purchases of securities through my investment professional or financial organization.

PRIMARY ACCOUNT OWNER

JOINT ACCOUNT OWNER (If applicable)

NAME: _____

NAME: _____

SIGNATURE: _____

SIGNATURE: _____

DATE: _____

DATE: _____

FOR PROCESSING BY INTRODUCING FINANCIAL ORGANIZATION

ACH TYPE:

- Periodic deposits to brokerage account Periodic distributions to bank account Income distributions to bank account
 Periodic purchase of mutual funds **NOTE:** ACH is contingent upon the execution of periodic mutual fund purchases through the Pershing Systematic Reinvestment System (PSRS).

FREQUENCY:

- Semi monthly Monthly Bimonthly Quarterly Semi annually Annually

CONTRIBUTION AMOUNT FOR DEPOSITS AND DISTRIBUTIONS: (Deposit amount must be in whole dollars)

AMOUNT: _____

START DATE: _____

Please adhere, with tape, an original voided bank account check here. Do not staple.

JOHN DOE
JANE DOE
123 Main Street
Anywhere, USA

0123

DATE _____

PAY TO THE ORDER OF _____ \$ _____

VOID

DOLLARS

Your Bank

ABA Transit Routing Number _____ Account Number _____

MEMO _____

⑆001230045⑆ 00 678 90123⑆ 45 6

For corporate accounts, a corporate resolution displaying the corporate stamp, and a letter from the corporation authorizing the specific transactions for which you are permitted to debit and credit the bank account, must accompany this authorization.

For savings accounts, either a bank encoded deposit slip, a copy of the bank statement, or a letter from the bank signature guaranteed by an officer confirming the bank information must accompany this authorization.



PCPRACH