

ACH AGREEMENT

Authorization for Pre-Arranged (Debits) and Automatic Deposits (Credits)
Institution/Entity

ADP Clearing & Outsourcing Services, Inc.

_____ Branch	_____ Account Number	_____ T	_____ C	INVESTMENT REPRESENTATIVE	BR MGR APPROVAL
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This will serve as authorization for ADP Clearing & Outsourcing Services, Inc. to establish Electronic Transfer Instructions to settle the purchase of securities ordered through my (our) brokerage firm by debiting my (our) account indicated below, to deposit the net proceeds on the sale of securities ordered through my (our) brokerage firm by crediting my (our) account indicated below or to credit dividends and/or interest received from securities held in my (our) brokerage account to my (our) bank account indicated below.

ACCOUNT TITLE (Please Type or Print)	NAME OF BANK	<input type="checkbox"/> Checking
9 DIGIT ABA NUMBER	BANK ACCOUNT NUMBER	<input type="checkbox"/> Savings
		<input type="checkbox"/> Money Market

Electronic Transfer Options (Please check all that apply to establish your ACH profile)

<input type="checkbox"/> Remit Income Distributions (Dividends and Interest) to my bank account <input type="checkbox"/> Daily (\$250 minimum) <input type="checkbox"/> Weekly (\$100 minimum) <input type="checkbox"/> Monthly (no minimum)	<input type="checkbox"/> Transfer funds from my bank account to pay for securities purchases
<input type="checkbox"/> Transfer funds to my bank account when securities are sold	<input type="checkbox"/> I will authorize a debit or credit to my account "On Demand" (no minimum)
<input type="checkbox"/> Transfer funds to my bank account on a regular basis according to the following schedule	<input type="checkbox"/> Debit my bank account on a regular basis according to the following schedule
AMOUNT \$ _____ FREQUENCY OF TRANSFER <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Day of Month _____	AMOUNT \$ _____ FREQUENCY OF TRANSFER <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Day of Month _____

This authorization is to remain in full force and effect until ADP Clearing & Outsourcing Services, Inc., through my (our) brokerage firm, has received written notification from me (or either of us) of its termination in such time and in such manner as to afford ADP Clearing & Outsourcing Services, Inc. and my (our) bank a reasonable opportunity to act on it. I also authorize you to accept debit or credit adjustments if required.

ACCOUNT NAME (please print)	CORRESPONDENT AUTHORIZED SIGNATURE
ADDRESS	
CITY/ STATE/ ZIP CODE	
AUTHORIZED CUSTOMER SIGNATURE ▷	
DATE	