



ELECTRONIC FUNDS TRANSFER / BANK ACCOUNT AUTHORIZATION

1. INVESTOR INFORMATION

Owner _____
Co-Owner (if applicable) _____
Mailing Address _____ City _____ State _____ Zip _____
Phone: #1 _____ #2 _____ E-Mail _____

2. AUTHORIZATION

I hereby authorize The Solomon Foundation to initiate debit or credit entries at my direction and to initiate, if necessary, credit or debit entries and adjustments for any debit or credit entries in error to my account indicated below and the depository bank named below to debit or credit the same to such account.

Bank Name _____
Bank Address _____ City _____ State _____ Zip _____
Name on Bank Account _____
Bank Routing Number (ABA) _____ Bank Account Number _____

Note: It takes 3 business days from the day The Solomon Foundation receives your request to establish ACH service and electronically confirm the account with your bank. If you choose to draft from a savings account, The Solomon foundation will need a Letter of Acceptance from your bank with the banking information. A return check fee of \$25 will be charged for insufficient funds.

3. ACKNOWLEDGMENT

I hereby authorize The Solomon Foundation to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account at the bank named above. I authorize the bank to accept any such debits or credits to my account without responsibility for their correctness. I further agree that The Solomon Foundation will not incur any loss, liability, cost, or expense for acting upon this request. I understand that this authorization may be terminated by me at any time by written notification to The Solomon Foundation and to the bank. The termination request will be effective upon thirty (30) days written notice.

Print Name _____ Print Name _____
Signature _____ Signature _____
Date _____ Date _____

**Two signatures are required for those investments opened with a two signature requirement.*