



LOANS • INVESTMENTS • GROWTH

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 _____

Account Type Checking Account Savings Account*

**(If drafting from a savings account, please include a letter from your bank confirming that they allow ACH transactions as well as the account & routing numbers.)*

Note: 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.*