

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. I understand that The Solomon Foundation may contact me to verbally verify the information listed below and may not accept this form if verification cannot be made.

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.