ACH AGREEMENT

Select One: ☐ New Profile ☐ Amendment to Current Profile ☐ Deletion of Current Profile

Branch ____ ____ ____ — Account Number ____ ____ ____ ____ ____ — T ____ C ____	CORRESPONDENT AUTHORIZED REP SIGNATURE

I/We hereby authorize Penson Financial Services, Inc. to initiate entries to transfer funds to or from my/our ☐ **Checking Account** ☐ **Savings Account** (select one) indicated below at the depository financial institution named below ("NAME OF BANK"). I/We agree that ACH transactions authorized herein shall comply with all applicable U.S. laws.

ACCOUNT TITLE *(Please Type or Print)*	NAME OF BANK
9 DIGIT ABA NUMBER ____ ____ ____ ____ ____ ____ ____ ____ ____	BANK ACCOUNT NUMBER

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

☐ Remit Income Distributions *(Dividends and Interest)* to my bank account
☐ Daily ($250 minimum) ☐ Weekly ($100 minimum) ☐ Monthly (no minimum)

☐ Transfer funds to my bank account when securities are sold

☐ Transfer funds to my bank account on a regular basis according to the following schedule

AMOUNT $ _____ FREQUENCY OF TRANSFER ☐ **Semi-annually** ☐ **Quarterly** ☐ **Annual** ☐ **Monthly** Day of Month_____

☐ Transfer funds from my bank account to pay for securities purchases

☐ I will authorize a debit or credit to my account "On Demand" (no minimum)

☐ Debit my bank account on a regular basis according to the following schedule

AMOUNT $ _____ FREQUENCY OF TRANSFER ☐ **Semi-annually** ☐ **Quarterly** ☐ **Annual** ☐ **Monthly** Day of Month_____

This authorization shall remain in full force and effect until Penson Financial Services, Inc., has received notification from me (or either of us) of its termination. I/We understand that I/we may revoke this authorization by written notification to my/our broker who is obligated to notify Penson Financial Services, Inc. Furthermore, this written notification must be received at least three (3) business days prior to the proposed effective date of the termination of the authorization.

Please note than an IRA Distribution Form is required for all ACH distributions from retirement accounts.

PRIMARY ACCOUNT OWNER NAME *(please print)*	JOINT ACCOUNT OWNER NAME *(please print)*
ADDRESS	ADDRESS
CITY/ STATE/ ZIP CODE	CITY/ STATE/ ZIP CODE
CUSTOMER SIGNATURE ▷	JOINT ACCOUNT SIGNATURE ▷
DATE	DATE

If you are linking your brokerage account to a checking account at your bank, please attach a voided check to this area.

If you are linking your brokerage account to a savings account at your bank, please provide a recent bank statement OR an official letter from your bank.

PLEASE RETAIN A COPY FOR YOUR RECORDS