

To: _____
Clearing Agent – Wedbush Morgan Securities

Automated Clearing House (ACH) Authorization

| | |
|-----------|---------------------------|
| I.E. Code | Securities Account Number |
| | |

Securities Account Information

Name: _____ Social Security/Tax I.D. Number: _____

Bank Account Information

Name as it appears on your Bank Account: _____

Bank Account Number: _____ Bank Account Type (select one): Savings Checking

Type of Transfer

I/we elect to make transfers on-demand between my/our securities account and bank account as follows*:

1. **From:** Bank Account (specified above) **To:** Securities Account (specified above)

Amount: \$ _____

Beginning Date: _____ / _____ / _____
Month Day Year

Recurring: Monthly Quarterly

Semi-Annually Annually

2. **From:** Securities Account (specified above) **To:** Bank Account (specified above)

Fixed Amount: \$ _____ * As requested only* Dividends & Interest*

Beginning Date: _____ / _____ / _____
Month Day Year

Recurring: Monthly Quarterly Semi-Annually Annually

**Important Note for IRA Accounts: If you are using this form to withdraw funds from an IRA account in which Wedbush Morgan Securities is the custodian, you must attach Form ID to set up a Fixed Amount or Dividend & Interest distribution and/or Form IA to set up As requested only distributions.*

Please Read and Sign

I/we authorize you and your clearing agent to transfer funds between my/our securities account and my/our bank account via ACH funds transfer. In the event an entry is incorrect, I authorize you and/or your clearing agent, at your discretion, the right to submit correcting entries. Attached is a voided check so that you have my/our necessary bank routing information. I/we authorize my/our "Bank Account Information" to be released to you and/or your clearing agent for verification purposes. I/we will confirm activation of these ACH instructions before making financial commitments based upon these instructions. This authorization remains in full force and effect until you and your clearing agent receive written notification of its termination or amendment. I/we acknowledge that ACH transactions to or from my/our account must comply with the provisions of U.S. Law, Internal Revenue Code and National Automated Clearing House Association Rules.

X _____ Date
Applicant's Signature

X _____ Date
Joint Applicant's Signature

For Office Use Only:

X _____ Date
Signature Guaranteed by Authorized Signatory

0507CSD ACH

Attach Voided Check Here

| |
|---|
| CONNIE SILVERS 2032 12345 Any Street, Apt. 123 Somewhere, CA 90205 |
| PAY TO THE ORDER OF _____ DOLLARS _____ |
| 322271627 8769882336 0028900 2032 |