

AUTOMATED CLEARING HOUSE (ACH) AGREEMENT



30 S. Wacker Dr. Ste: 2840, Chicago, IL 60606
info@tradeag.com

Please type or print.

_____ BRANCH ACCOUNT NO. T C	CORRESPONDENT AUTHORIZED REP SIGNATURE
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I/We hereby authorize Apex Clearing Corporation to transfer funds to/from my/our (select one) Checking Savings account at the depository bank listed below. I/We agree that transactions sent/received through the NACHA system will be subject to all applicable rules of such clearing house and rules set forth in Federal Reserve Operating circulars. I/We understand that any ACH transaction is provisional. If final payment is not received by the beneficiary bank for a payment order transferred through ACH, the beneficiary bank is entitled to recover from the beneficiary any provisional credit and Apex may charge the customer's account for the transaction amount. I understand that the ACH activation may take 3 business days from the date of receipt of these instructions. I understand that recurring transfers, if applicable, will occur no later than the next business day, assuming funds availability. I understand that funds must be readily available in my securities account or there is a possibility the ACH will be delayed or bounced. Additionally, Apex may or may not notify me of returned or rejected ACH transfers.

ACCOUNT TITLE	NAME OF BANK
9 DIGIT ABA NO. _____	BANK ACCOUNT NO.

ELECTRONIC TRANSFER OPTIONS *(Please check all that apply to establish your ACH profile)*

Remit Income Distributions <i>(Dividends & Interest)</i> to my bank account.	<input type="checkbox"/> Weekly <i>(\$100 Minimum)</i> <input type="checkbox"/> Monthly <i>(No Minimum)</i>	
I will authorize a debit or credit to my account "On Demand" <i>(No Minimum)</i> .		
Transfer funds <input type="checkbox"/> To <input type="checkbox"/> From my bank account on a regular basis according to the schedule below.		
AMOUNT \$	FREQUENCY OF TRANSFER <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	DAY OF MONTH

This authorization shall remain in full force and effect until I/We revoke authorization by written notification to my/our broker who is obligated to notify Apex Clearing Corporation. I/We understand that Apex Clearing Corporation has the right to terminate or suspend the ACH agreement at any time and is not required to notify my/our broker. I/We agree to hold Apex and their agents free of liability for their compliance with these instructions.

PRIMARY ACCOUNT OWNER NAME			JOINT ACCOUNT OWNER NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PRIMARY ACCOUNT OWNER SIGNATURE 			JOINT ACCOUNT OWNER 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