

EFT Authorization Agreement



Mid Atlantic Capital Corporation

Electronic Funds Transfer Authorization Agreement

BROKERAGE ACCOUNT

Note: Indicate name exactly as it appears on the brokerage account.

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BROKERAGE ACCOUNT #: _____ TID/SSN: _____

FINANCIAL INSTITUTION (Bank, Savings & Loan or Credit Union)

Note: The client name must also appear on the registration of bank account.

NAME(S): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

ACCOUNT #: _____ ABA #: _____

(obtain from bank)

PLEASE CHECK ONE:

- CHECKING
- SAVINGS

PLEASE ATTACH AN ORIGINAL VOIDED CHECK

I (We) authorize Mid Atlantic Capital Corporation, Inc. and Affiliated Companies or Clearing House, hereinafter called MACC, to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) account indicated above and the depository named above, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until MACC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford MACC and DEPOSITORY a reasonable time to process the change.

Signatory of MACC and Depository Accounts

Date

Joint Signatory of MACC and Depository Accounts – *if applicable*

Date