



Account Number _____

Rep ID _____ Alternate Branch _____

ELECTRONIC FUNDS/ACH AUTHORIZATION FORM

Workflow Case ID _____

ACCOUNT TITLE (AS SHOWN ON RBC CORRESPONDENT SERVICES CLIENT STATEMENT)

Empty box for account title

BANK ACCOUNT INFORMATION

Required: Attach copy of voided check or bank document with ABA/routing and account number. (Deposit ticket is not acceptable.)

Set up new ACH service.

Replace existing ACH bank account number _____ with bank account information below. (List bank account number to be replaced.)

Table with fields: Routing Number, Bank Name, Account Name, Account Number, Account Type (Checking, Savings), Dividends/Interest checkbox.

RECURRING ACH TRANSACTIONS—DO NOT USE FOR RETIREMENT DISTRIBUTIONS

Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below.

Table with fields: Add new recurring ACH transaction, Incoming/Outgoing checkboxes, Amount \$, Start Date, End Date, Frequency checkboxes (Weekly, Monthly, Quarterly, Semiannual, Annual).

SIGNATURES

RBC Correspondent Services, a division of RBC Capital Markets, LLC ("RBC CM"), Member NYSE/FINRA/SIPC, is authorized to initiate credit or debit entries to the bank account identified above. The bank identified in this authorization will accept such credit or debit entries to the specified account, without responsibility for the corrections thereof or the existence of any subsequent authorization relating thereto. This new deposit/transfer will start at the time RBC CM is able to set up the account for ACH (which may take up to thirty (30) days) or on the given start date (whichever is later) and will remain in effect until the given end date or another date selected by the client. The authorization may be changed or canceled by giving RBC CM notice fifteen (15) days in advance of the effective date of such change or cancellation.

- I understand that my use of ACH Services is subject to the terms and conditions of the Customer Authorization and Agreement for Electronic Funds Transfers/Automated Clearing House Services contained in my client account agreement or in a separate document (the "ACH Agreement"), and have received and reviewed a copy of the ACH Agreement.
If the RBC CM account is a trust, UTMA/UGMA, guardianship, conservatorship or other account created for the benefit of a third party, I represent that all transactions effected hereunder are and will be for the benefit of the beneficiary of the RBC CM account as required by applicable law.
If I have selected incoming transactions from the bank account listed above, I certify that I am authorized to direct transfers out of such account and by signing below I hereby consent to such withdrawals in my capacity as an authorized party on the bank account.
Authorized persons are permitted to transfer, deposit or pay money, and create, amend or terminate periodic transactions from or to this bank account in varying amounts on the basis of verbal instruction, including instruction provided solely over the telephone.

The ACH Agreement has not been amended, altered or revised in any way by me, and I agree to be bound by, and to comply with, its terms and conditions in their entirety.

Table with fields: Authorized Client Signature, Date, Print Name from Signature Above.

CORRESPONDENT FIRM ATTESTATION

The undersigned Firm Authorized Signer hereby represents and warrants that the signature(s) of the person(s) signing on this form on behalf of the account is/are genuine and that such signer(s) is/are an authorized party with the capacity and authority to bind the account, and agrees that the Firm will indemnify RBC CM for any action taken in reliance on the above representations and warranties.

Table with fields: Firm Authorized Signer Signature, Date, Firm Authorized Signer Name (please print).

If transaction falls on a weekend or bank holiday, it will be processed the prior business day.



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Must be accompanied by page one.

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*Not permitted from third party accounts Amount \$

Start Date _____ End Date _____ Weekly Monthly Quarterly Semiannual Annual

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Authorized Client Signature _____ Date _____ Authorized Client Signature _____ Date _____

Print Name from Signature Above _____ Print Name from Signature Above _____