

1 GENERAL INFORMATION

Investment Number(s) _____

Print Owner Name	Date of Birth	Social Security Number/TIN
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Print Co-Owner Name	Date of Birth	Social Security Number/TIN
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2 INSTRUCTIONS

Select all that apply. We must receive all changes seven (7) business days prior to your next scheduled EFT investment.

- New recurring investment
- Change current recurring investment
- Cancel current recurring investment

3 INVESTMENT AMOUNT

Minimum monthly investment amount is \$50. Automatic investments will be made on the 5th or 15th of every month or the first business day thereafter. If investments are rejected because of insufficient funds in your bank account or inaccurate banking information, this authorization may be revoked and a \$25 insufficient funds fee will be charged.

5th of month \$ _____ 15th of month \$ _____

4 AUTHORIZATION AGREEMENT

This will authorize AGFinancial to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to the bank account indicated and further authorize AGFinancial to invest the amount indicated in the specified investment. This authorization is to remain in force until AGFinancial has received written notice of its termination in such time and in such manner as to afford AGFinancial and your bank a reasonable opportunity to act on it. This authorization does not change the terms of your contract.

This will authorize the bank indicated on the enclosed voided check for checking accounts or savings deposit ticket for savings accounts, and as listed below, to debit and/or credit the same to the investment.

Name(s) As They Appear On Your Bank Account	<input type="checkbox"/>	<input type="checkbox"/>	
	Checking	Savings	

Bank Account Number	Bank ABA Number (Located in bottom left corner of check.)
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Bank Name (Please print)	Bank Telephone Number
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Bank Address	City	State	Zip
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Owner Signature	Date
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Co-Owner Signature	Date
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