

DIRECT DEPOSIT ACH AUTHORIZATION

Authorization for direct deposit of distributions into your personal bank account from your IRA or Coverdell ESA.



Investor Information

Owner Name

Date of Birth

Social Security Number

Distribution Information

Select all that apply. All changes should be received by us seven (7) working days prior to scheduled distribution.

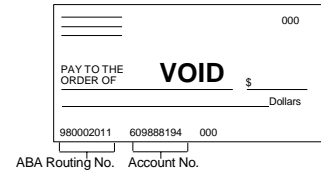
New ACH Authorization

Change of Bank Information on File

Authorization Agreement for Automatic Credits

This will authorize AGFinancial and/or AGCU to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the bank account indicated. This authorization is to remain in force until AGFinancial and/or AGCU has received written notice of its termination in such time and in such manner as to afford AG Loan Fund and/or AGCU 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 credit and/or debit the same to the investment.



Checking

Savings

Name(s) As They Appear On Your Bank Account

Bank Account Number

Bank ABA Number (Located in bottom left corner of check.)

Bank Name (Please print)

Bank Telephone Number

Bank Address

City

State

Zip

X

Owner/Responsible Individual Signature

Printed Name

Date