

**1 GENERAL INFORMATION**

Investment Number \_\_\_\_\_

Print Owner Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number/TIN \_\_\_\_\_

Print Co-Owner Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security Number/TIN \_\_\_\_\_

**2 INSTRUCTIONS**

We must receive all changes seven (7) business days prior to your next scheduled EFT investment. Only one periodic investment may be established from your bank account to a single investment for the same investment date (Section 3 below). Multiple periodic investments may be established as long as one of the criteria is different. To change the amount or investment date on an existing periodic investment, select the new periodic investment box below. Any existing periodic investments for the investment certificate number listed above will be canceled and replaced with the instructions set forth in Section 3 below. To change only your bank account number but keep your periodic investment amount and investment date the same, complete the EFT Instructions form instead of this Periodic Investments form.

 New periodic investment Cancel periodic investment (complete banking information in Section 4 for verification)**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.

 5<sup>th</sup> of month \$ \_\_\_\_\_ 15<sup>th</sup> of month \$ \_\_\_\_\_**4 AUTHORIZATION AGREEMENT**

I hereby 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 below for any payments, interest, withdrawals, redemptions, or otherwise, and further authorize AGFinancial to invest the amount indicated in the specified investment. I further authorize the indicated bank to debit and/or credit the same to said account. This authorization does not change the terms of your contract.

Name(s) As They Appear On Your Bank Account \_\_\_\_\_

Checking

Savings

Bank Account Number \_\_\_\_\_

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

Bank Name (Please print) \_\_\_\_\_

Bank Telephone Number \_\_\_\_\_

Owner Signature \_\_\_\_\_

Date \_\_\_\_\_

Co-Owner Signature \_\_\_\_\_

Date \_\_\_\_\_