



Please return original to:

Regular Mail:
P.O. Box 26903
San Francisco, CA
94126-6903

Overnight Delivery Only:
450 Sansome Street, Fl. 14
San Francisco, CA
94111-3306

www.penscotrust.com
800-969-4472

PENSCO Trust's Direct Payment Plan:

You may use this form to authorize PENSCO to debit your firm's checking or savings account in order to make payments to one or multiple PENSCO accounts.

You need only submit this form once, and it will enable us to debit your firm's account whenever we receive an *ACH Debit Instructions* form instructing us to do so. The authority you give us to charge your account will remain in effect until you notify us in writing to terminate this authorization.

Note: An authorized signer on your bank account must sign below.

1. Authorizing Party Information

Firm Name: _____

Contact Name: _____

Contact Phone #: _____ - _____ - _____

2. ACH Information and Authorization

Please complete the information below.

I, _____, authorize PENSCO Trust Company to initiate electronic debit entries to: checking account (or) savings account held in the name of _____
Firm's Name
for payments related to investments held within one or more PENSCO Trust Accounts.

I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Financial Institution Name: (please print) _____

Financial Institution Routing Number: _____

Financial Institution City and State: _____

Account Number at Financial Institution: _____

Please ensure that your bank account is enabled to accept our incoming ACH debit. If you employ ACH blocks or filters, your account information must be modified to accept PENSCO originated entries. We will employ a system of generating prenotification entries prior to initiating live transactions to your bank account. Your bank can use the information they receive in the prenotification to insure that your account is correctly modified to accept live transactions.

I authorize PENSCO Trust Company ("PENSCO") to (i) initiate debit entries to my account indicated above, and (ii) to initiate reversals to my Financial Institution account of erroneous or duplicate entries and to credit such account as appropriate. This authorization will remain in full force and effect until PENSCO receives written notification from me of the service's termination. PENSCO must receive any such notification in a time and manner so as to give PENSCO and the other Financial Institution a reasonable opportunity to act on it.



Signature of Authorized Signer on Bank Account

Date