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AUTHORIZATION AGREEMENT FOR AUTOMATIC SAVINGS (ACH DEBITS)

A ACCOUNT INFORMATION

Account Owner's Name: _____

Millennium Account Number: _____ Phone Number: _____

This is a (Please check one):

- Traditional IRA
- Roth IRA
- SEP IRA
- Custodial (Non-Retirement) Account

Contribution: Current Year: _____ Amount \$ _____ Cash Addition \$ _____

Prior Year: _____ Amount \$ _____

B FEE PAYMENT INSTRUCTIONS

I wish to transfer the sum of \$ _____ on the 20th day each month to my Millennium account.

I (we) hereby authorize Millennium Trust Company, LLC, hereinafter called Millennium, to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my (our) account indicated below and the depository (bank) named below, hereinafter called Depository, to credit the same to such account.

Depository (Bank) Name: _____

Depository Address: _____

City: _____ State: _____ Zip: _____

Transit/ABA No.: _____ (must be 9 digits in length)

Please have the bank charge my (Please choose only one):

Checking Account No.: _____ Savings Account No.: _____

(We recommend the client verify the preceding information for ACH debits with their bank and make sure that bank allows savings account to be debited for ACH transactions.)

C ACH DEBIT AUTHORIZATION

This authority is to remain in full force and effect until Millennium has received written notification from me (or either of us) of its termination or changes to information contained herein in such time and in such manner as to afford Millennium and Depository a reasonable opportunity to act on it.

Millennium is authorized to credit my Millennium account for the amount of the transfer when received, and to debit my account for any fees due for this service. I understand that I am responsible to ensure that the amount of funds in my bank account listed above is sufficient to cover any fees and costs associated with my account. I understand that Millennium may reverse previous transactions in my account to be reimbursed for all amounts owing. I further agree that Millennium will bear no responsibility for any action or inaction due to insufficient balances. I further agree to pay any fees normally charged by Millennium for this service, which currently are: 1) no charge for a regular transaction; 2) \$25 for the return or rejection of a debit order previously sent; and 3) \$10 to re-send any debit order or correct any incorrect account information I supply. I understand that these fees are subject to change at any time.

Client will inform Millennium of the appropriate tax reporting year (and subsequent changes thereto) to assign for contributions to any retirement account under the plan. Unless informed otherwise, Millennium will assign any contribution received to the tax reporting year in which it is received. Client is responsible for calculating the proper contribution limitations to avoid excess contributions, and is responsible for excess contribution calculation fees and any penalties that may apply.

I agree that Millennium may discontinue this service at any time, and that I am responsible for supplying to Millennium accurate information concerning my Depository, including the bank routing/transit/ABA number, and my account number and type, and any changes to this information which may occur in the future. Millennium bears no responsibility and assumes no liability for the accuracy of or changes to this information.

Account Owner Signature: _____ Date: _____

(To expedite the processing of this authorization request, you must attach a voided check or deposit slip with this form.)

