



If you wish to have payments made directly from your account at another financial institution, please complete this form.

Customer Information

Depositor(s) Name (as shown on financial institution record) _____ Depositor's Tax ID Number _____

Financial Institution Information

Financial Institution Name _____ Financial Institution ABA Routing Number _____

Financial Institution Address _____

Your Financial Institution Account Number:

- Checking
- Savings
- Other

Pre-Arranged Electronic Funds Transfer Agreement

I hereby authorize and request FidelityTrade Incorporated (FidelityTrade) to pay amounts owing by me by initiating debit entries to the above account. I may terminate this agreement at any time by written notice to FidelityTrade, however, such notice shall only be effective after it is received by FidelityTrade and after a reasonable opportunity for FidelityTrade to act upon such notice.

X _____
Signature (Account Owner) Date

X _____
Signature (Account Co-Owner) Date

Sample Check with ABA Routing Number and Account Number

John Doe 3601 Market Street Wilmington, DE 19802	1053 62-9-311
PAY TO THE ORDER OF _____	DATE _____
National Bank Wilmington, Delaware	\$ _____ DOLLARS
Memo _____	
<u>001053</u> <u>031100999</u> <u>2799 6899</u>	

Check # ABA Routing # Account #

FidelityTrade Use Only:

System Account No. _____ ABA Routing No. _____

R8/05