

WEDBUSH

Automated Clearing House (ACH) Authorization *For IRA Accounts Only*

I.E. Code	Account Number

Wedbush Account Information

Name: _____ Social Security/Tax I.D. Number: _____

Bank Account Information (Attach void check)

Name as it appears on your Bank Account: _____

Bank Account Number: _____ Bank Account Type (select one): Savings Checking

Type of Transfer

I/we elect to make transfers on-demand between my/our Wedbush Securities Account and bank account as follows:

1. **DISTRIBUTIONS**

From: Wedbush Securities Account **To:** Bank Account (specified above)

ACH Instructions will apply to all existing distributions on file. Please be sure to have proper documents on file.

2. **CONTRIBUTIONS**

From: Bank Account (specified above) **To:** Wedbush Securities Account

Recurring: Monthly Quarterly Semi-Annually Annually As requested only

** Reoccurrence is for contributions only. For reoccurring distributions, please complete Form IPD to indicate reoccurrence.*

Beginning Date: _____ / _____ / _____ **Amount:** \$ _____
Month Day Year

Please Read and Sign

I/we authorize Wedbush Securities, Inc. ("Wedbush") to transfer funds between my/our Securities account and my/our bank account via automated funds transfer. In the event an entry is incorrect, Wedbush reserves the right to submit correcting entries. Attached is a void check so that you have my/our necessary bank routing information. I understand that it takes approximately 14 days from receipt of this form for this feature to be activated. This authorization remains in full force and effect until Wedbush receives written notification of its termination or amendment. I acknowledge the origination of ACH transactions to my account must comply with the provisions of U.S. Law, Internal Revenue Code and NACHA Rules.

In the event of a change in title or beneficial ownership as a result of this authorization, undersigned customer(s) hereby relinquishes all rights, title and interest in said funds and irrevocably releases and discharges Wedbush, its agents and employees of any claims by the undersigned customer or by such undersigned customer's heirs, agents and/or other lawful representatives. Further, the undersigned customer hereby indemnifies Wedbush, its agents and employees for any and all losses and expenses incurred or to be incurred by Wedbush for acting upon these instructions.

X _____
IRA Owner's Signature Date

X _____
Signature Guarantee Date

Attach Void Check

CONNIE SILVERS 12345 Any Street, Apt. 123 Somewhere, CA 90205	2032
PAY TO THE ORDER OF _____	DOLLARS

VOID

