

Authorization Agreement for Direct Withdrawals (ACH Debits)

1. NEW DIRECTION TRUST COMPANY ACCOUNT HOLDER INFORMATION

New Direction Account Holder Name:

New Direction Account Number:

2. YOUR INFORMATION

Your Name:

Date:

Social Security Number:

Banking Financial Institution:

City:

State:

Routing Number:

Account Number:

Checking Account

Savings Account

Schedule Contributions

New

Replace Existing Deposit

Which tenant? _____

Cancel Current File

1st of the Month

15th of the Month

Last Day of the Month

(please note: these dates are the only options available)

Amount:

\$

Start Date:

Describe the IRA deposit (i.e. contribution, rent - list property address, note payment, etc.)

3. SIGNATURE AND AGREEMENT

This authorization is to remain in full force and effect until New Direction Trust Company has received written notification of its termination in such time and in such manner as to afford New Direction Trust Company and Banking Financial Institution a reasonable opportunity to act on it. For New Direction, such termination shall occur in writing, delivered to 1070 W. Century Drive, Louisville, CO 80027, or such address as is then current.

I hereby authorize New Direction Trust Company to initiate withdrawal entries to my account, indicated above at the banking financial institution named above, and to credit the same such account. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Signature of bank account holder: _____ Date: _____
(listed in Section 2)