



Workplace Savings / Payment Authorization

280 S. Mangum Street | 550 Diamond View II | Durham, NC 27701

Phone: (800) 247-6717 Fax: (919) 489-8939

Owner / Participant: \_\_\_\_\_ SSN/TIN: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Other: \_\_\_\_\_

Account Registration

Please Specify Payment Method For Each Account

Employer: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Custodian: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fee Collection Method:  Direct Debit from account  Bank Draft via ACH  Alternate Account Debit: \_\_\_\_\_

Employer: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Custodian: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fee Collection Method:  Direct Debit from account  Bank Draft via ACH  Alternate Account Debit: \_\_\_\_\_

Employer: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Custodian: \_\_\_\_\_ Account Number: \_\_\_\_\_

Fee Collection Method:  Direct Debit from account  Bank Draft via ACH  Alternate Account Debit: \_\_\_\_\_

Bank Account Information

Important Note: If an authorized signature on this account changes, please notify Verity in order to complete a new Direct Payment Authorization Form.

Bank Name: \_\_\_\_\_ Account Type:  Checking  Savings

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Name as it appears on Bank Account: \_\_\_\_\_

By my signature below, I authorize Verity Asset Management ("Verity"), to initiate debit entries to the account at the depository institution identified above (the "Depository"), and to initiate debit entries to such account for payment obligations owed to Verity under an Advisory Services Agreement with Verity Asset Management. I understand that the amount, frequency and timing of payments are determined by the Advisory Services Agreement. This new payment method may also be applied to collect any prior amounts due under such Agreement(s). I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Verity has received written notification from me, or the company identified above, of its termination in such time and in such manner as to afford Verity and the Depository a reasonable opportunity to act upon such instructions.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_