



Independent Thinking.
Meaningful Results.

ACH AUTHORIZATION

I (we) hereby authorize **VERITY FINANCIAL GROUP, VERITY INVESTMENTS INC and VERITY ASSET MANAGEMENT**, hereinafter called "COMPANY", to initiate debit or credit entries and, if necessary, correction and/or adjustment entries to my (our) account at the financial institution listed below, hereinafter called DEPOSITORY. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. laws and regulations.

_____ Depository Name		_____ Branch	
_____ Address	_____ City	_____ State	_____ Zip
_____ Routing/Transit Number		_____ Account Number	

Account Type: <input type="checkbox"/> Checking/Draft <input type="checkbox"/> Savings/Share
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This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such a time and manner as to afford COMPANY and DEPOSITORY a reasonable time to act upon it.

_____ Account Holder Name	_____ ID Number and Type
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_____ Signature	_____ Date
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_____ Account Holder Name	_____ ID Number and Type
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_____ Signature	_____ Date
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Please attach a voided check or financial institution account verification letter to this form.