

Letter of Authorization

Frequency

- One Time
- Permanent Record for All Disbursements

Account Number _____

Transfers:

Please transfer the following assets into account number _____

Cash: \$ _____

Securities

Quantity	Description	Cusip
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Domestic Wires: \$ _____

Client Bank Acct Registration: _____

Client Bank Account Number: _____

Bank Name: _____ Bank ABA/Routing Number: _____

Bank Address: _____ Bank City, State, Country: _____

Intermediary Bank Acct Registration: * _____

Intermediary Bank Acct Number: * _____

Foreign Wires: \$ _____

Client Bank Acct Registration: _____

Client Bank Account Number: _____

Foreign Bank Name: _____ Swift Code: _____

Bank Address: _____ Bank City, State, Country: _____

US Intermediary Bank Name: ** _____

US Intermediary Bank ABA/Routing Number: ** _____

Signatures: Registered owner(s) of account must sign below

_____	_____
_____	Date
_____	_____
_____	Date
_____	_____
_____	Date
_____	_____
_____	Date

*If necessary

**Required