

Trust Management, Inc.

ACH Payment Authorization Form -- ASA Accounts Only

Your ASA Account gives you the option to automatically contribute to your account through scheduled ACH Payment Authorizations. As authorized below, TMI will deduct funds from the specified bank account and deposit the funds into your ASA Account. ACH Payment Authorizations must be made on a Scheduled basis and for a specific amount. A voided check is required in order to place an ACH order.

ASA Account Information:

Name: _____

Name: _____

Address: _____

City: _____ State _____ Zip _____

Social Security Number: _____ - _____ - _____

Telephone #: (____) _____ - _____

ASA Account Number: _____

Financial Institution Information:

Name: _____

Routing Number: _____

Account Number: _____

***ATTACH A VOIDED CHECK FOR
VERIFICATION***

Draft Information:

Amount of Draft: \$ _____

Draft(s) to be made:

____ Weekly ____ Bi-Weekly ____ Monthly ____ Quarterly ____ Semi-Annually ____ Annually

Day of the Month for Draft*: _____

**If the above day falls on a holiday or weekend, TMI will debit the account the following business day.*

Authorization:

Authorization is hereby given to Trust Management, Inc. to debit the above referenced account on the date(s) shown above. This authorization will remain in effect until TMI receives written notice of ACH termination. Notice of ACH termination must be received no later than 15 days prior to the date of the termination. TMI is not responsible for Non-Sufficient Fund fee(s) charged by your bank, and will collect any fee charged to TMI, in association with the ACH draft, from your ASA account. TMI reserves the right to terminate this agreement with 30 days prior notice.

Signature(s): _____

Custodial Acceptance, by TMI:

Signature(s): _____

_____/_____/_____
Trust Management, Inc. Date

Date (required): _____

Return Completed form to: Trust Management, Inc. PO Box 2288, Fort Worth, TX 76113-228