



Date: _____

- ☐ Initial Authorization – Complete bank information.
- ☐ Revised Authorization – Complete bank information.
- ☐ Rescind Authorization – Sign at bottom of letter only.

To Whom It May Concern:

This letter authorizes Straits Financial LLC (“SF LLC”) to initiate ACH transactions to withdraw funds from the following bank account for deposit in to my trading account with SF LLC. My banking information is as follows:

Account Name: _____

Account Number: _____

Bank Name: _____

Bank ACH Routing #: _____ (on the bottom of a check)

Bank Account #: _____

I understand that either my broker or I will need to remit a request each time to treasury@straitfinancial.com to initiate such transactions, and that I need to maintain sufficient funds in this account to cover such requests when processed by the bank. Furthermore, I understand that by signing this authorization and agreeing to the above stipulations, SF LLC can credit the funds to my SF LLC trading account on the day that the transaction is initiated by them in the banking system.

This authorization will remain in effect until either modified or rescinded by the customer or until I close my trading account with SF LLC. In order to modify or rescind this authorization, I acknowledge that a new authorization will need to be provided to SF LLC via email at treasury@straitfinancial.com.

Thank you,

X _____

X _____

Print Name – Customer

Print Name & Title – SF LLC Personnel

Straits Financial LLC

(A member of the CWT Group)

One Financial Place Floor 39 Chicago IL 60605

T . +1.312.462.4499 F . +1.312.461.1003 E . info@straitfinancial.com

W . www.straitfinancial.com