

POSER INVESTMENTS, INC.

P.O. BOX 850
SIERRA MADRE, CA 91025-0850
800-333-1527 • 626-355-7100
FAX 626-355-7133

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) OR DEMAND DRAFTS

✓ Name: _____

I (we) hereby authorize Poser Investments, Inc., to initiate debit entries to my (our)
 Checking Account / Savings Account (select one) indicated below at the
depository financial institution named below, hereinafter called DEPOSITORY, and to
debit the same to such account.

✓ Bank Name _____ Branch _____

✓ City _____ State _____ Zip _____

✓ Routing Number _____ Account Number _____

This authorization is to remain in full force and effect until Poser Investments, Inc. has
received written notification from me (or either of us) of its termination in such time and
in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to
act on it.

✓ _____
Authorized Signature Title Date

✓ _____
Print Name

****ATTACH A COPY OF A VOIDED CHECK OR DEPOSIT SLIP****

FOR OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE

Automatic Withdrawal Start Date: _____ Stop Date: _____

Number of Payments: _____ Payment Amount to be Withdrawn: _____