

1 ACCOUNT HOLDER INFORMATION

ACCOUNT HOLDER NAME(S)	ACCOUNT NUMBER
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2 ACCOUNT DESIGNATED REPRESENTATIVE/FIRM

DESIGNATED REPRESENTATIVE'S NAME	FIRM NAME
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3 ACKNOWLEDGEMENT and SIGNATURE

I hereby authorize Equity Trust Company to pay my above-referenced Account Designated Representative/Firm(s)'s fees from my Equity Trust Company account, which is referenced above. I understand and agree that Equity Trust Company has no responsibility or duty to verify the validity or calculation of such fees or to resolve any errors in the calculation or payment of such fees. I understand that I am solely responsible for monitoring the reasonableness and accuracy of these fees and their payment. I consent to Equity Trust Company using this standing authorization to remit payment to my Account Designated Representative/Firm, in the amount as directed by my Account Designated Representative/Firm.

All claims or disputes regarding the fees owed and/or paid to my Representative/Firm(s) are between my Representative/Firm(s) and me and my sole remedy is against the Representative/Firm(s). I hereby indemnify and hold harmless Equity Trust Company and its affiliates and each of their directors, officers and employees (collectively, Equity Trust) from any and all liabilities and costs (including reasonable attorneys' fees) which may be incurred by them as a result of Equity Trust's reliance on this fee payment authorization. I further hold harmless and release Equity Trust for any liability due to the processing, amount or receipt date by the payee of this payment.

ACCOUNT HOLDER SIGNATURE	DATE
JOINT ACCOUNT HOLDER SIGNATURE	DATE