



# ACH Contribution Authorization Agreement

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Send to: (Please submit using one method)  
Email: clientservices@vfmarkets.com  
US Mail: 120 Long Ridge Rd., 3 North  
Stamford, CT 06902

Use this form when you want to set up a periodic (monthly or quarterly) IRA contribution by ACH deposit to your STRATA Trust Company ("STRATA") IRA. In order to take advantage of this service:

- Your bank must be a member of the Automated Clearing House, and
- Your name must appear on the bank account, and
- The ACH contribution must be a scheduled, recurring periodic deposit. This service is not available for a one-time contribution.

Section 1		Accountholder Information	
Accountholder Name		Account Number	
Address			
City		State	Zip
Social Security Number		Daytime Phone	
Email Address			
Account Type	<input type="checkbox"/> Traditional <input type="checkbox"/> Roth <input type="checkbox"/> SEP <input type="checkbox"/> SIMPLE		

Section 2		ACH Deposit Information	
No fee is charged to receive an ACH deposit.			
I wish to transfer the funds as specified below to my STRATA account as my regular annual IRA contribution. (Contributions received as ACH deposits will be recorded for the tax year in which the ACH deposit is received.)			
<b>Specify if this is for a:</b>			
<input type="checkbox"/> <b>New ACH Contribution Instruction</b>			
<input type="checkbox"/> <b>Change Prior ACH Contribution Instruction</b> (Fill out only the information you wish to change in Section 2 and/or 3.)			
▪ <b>Frequency:</b>	<input type="checkbox"/> Semi-Monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
▪ <b>Day of Month or Quarter:</b>	<input type="checkbox"/> 1st <input type="checkbox"/> 15th	If semi-monthly is elected, the 1 <sup>st</sup> and 15 <sup>th</sup> will apply.	
▪ <b>Start Date:</b>	_____ (mm/dd/yyyy)		
▪ <b>ACH Deposit Amount:</b>	\$ _____		

## Section 3

## Depository Bank and Bank Account Information

I hereby authorize STRATA Trust Company ("STRATA") to initiate debit entries and to initiate, if necessary, credit entries and adjustments for any debit entries in error to my account indicated below and the depository bank named below ("Depository"), to credit the same to such account.

Depository Bank and Bank Account Information				Attach a bank statement or deposit slip to this form.	
Bank Name	<b>Must be an ACH member</b>				
Bank Location	Address		Bank Phone		
	City		State	Zip	
ABA Routing #	<b>Must be 9 digits</b>				
Bank Account #					
Type of Account	<input checked="" type="checkbox"/> Check one	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		
Name(s) on Account	<b>Your name must appear on the account</b>				
We recommend that you verify the above information for ACH debits with your bank. If the account type is a savings account, make sure the bank allows savings accounts to be debited for ACH transactions.					

## Section 4

## Accountholder Signature and ACH Debit Authorization

The undersigned hereby authorizes this Agreement to remain in full force and effect until STRATA Trust Company ("STRATA") has received written notification from me to terminate or change the information contained herein, and such notice is received in a time and manner as to afford STRATA and Depository a reasonable opportunity to act on it.

STRATA is authorized to credit my STRATA account for the amount of the transfer when received, and to debit my account for any fees due for this service. I understand that I am responsible to ensure that the amount of funds in my bank account with Depository listed above is sufficient to cover any fees and costs associated with my account. I understand that STRATA may reverse previous transactions in my account to be reimbursed for all amounts owed to STRATA. I further agree that STRATA will bear no responsibility for any action or inaction due to insufficient balances. I further agree to pay any fees normally charged by STRATA for this service, which currently are:

- (1) no charge for a regular ACH transaction;
- (2) \$25 for the return or rejection of a debit order previously sent; and
- (3) \$10 to re-issue any debit order or correct any incorrect account information I supply.

I understand these fees are subject to change at any time without notice. If my account has insufficient funds, I understand that STRATA will automatically cancel these instructions, without written or verbal notice, after three (3) separate withdrawal attempts during the year.

Accountholder will inform STRATA of the appropriate tax reporting year (and subsequent changes thereto) to assign for IRA contributions to my STRATA account. Unless informed otherwise, STRATA will assign any contribution received to the tax reporting year in which it is received. Accountholder is responsible for determining eligibility for all IRA contributions, calculating the correct contribution amounts to avoid excess contributions, and is responsible for notifying STRATA for any excess contribution and/or penalties that may apply.

I agree that STRATA may discontinue this service at any time, and that I am responsible for supplying to STRATA accurate information concerning my Depository, including the bank routing/transit/ABA number, and my account number and type, and any changes to this information which may occur in the future. STRATA bears no responsibility and assumes no liability for the accuracy of or changes to this information.

I understand that the contributions to my account will be held in an FDIC insured bank account pending my further investment instruction. I understand that I must submit the necessary instructions to invest my contribution(s), and that STRATA reserves the right to hold my funds for a reasonable period of time prior to investing them to ensure there are no problems with the ACH transaction.

I hereby agree to hold harmless STRATA, and its affiliates and assigns, from any problem arising out of or in any way connected with this Agreement. I further certify that no tax advice has been given to me by STRATA. All decisions regarding this request are my own, and if necessary, I have consulted with my tax or financial planning professional. I expressly assume the responsibility of any adverse consequences which may arise from this Agreement and I agree that STRATA shall in no way be held responsible.



Accountholder Signature

Date