



Electronic Check Payment Authorization Agreement (Check-By-Phone Agreement)

Customer Information

Your Name(s) (as shown on financial institution record) _____ Your Checking Account Number _____

Street Address _____ City _____ State _____ ZIP _____

Financial Institution Information

Financial Institution Name _____ Your Bank's ABA Number (See sample check below) _____

Street Address _____ City _____ State _____ ZIP _____

Electronic Check Payment Authorization Agreement

I hereby authorize and request FideliTrade Incorporated (FideliTrade) to start an electronic check payment arrangement to pay for any amounts owing by me to FideliTrade. I have read and agree to the following terms:

1. FideliTrade will process electronic checks against my bank account to pay for amounts owing by me. I will provide the check number for each payment at the time of such payment.
2. In the event a check is returned to FideliTrade for any reason, or in the event payment is stopped on any check, FideliTrade may refuse to accept any further orders until FideliTrade receives payment on such check. I agree to pay a processing fee of \$25 on each returned check.
3. I understand and agree that I may terminate this agreement at any time by written notice to FideliTrade, however, such notice shall only be effective after it is received by FideliTrade and after a reasonable opportunity for FideliTrade to act upon such notice.
4. I agree to the Terms and Conditions as set forth in the Precious Metals Account Agreement.

X

Signature (Account Owner) _____ Date _____

X

Signature (Account Co-Owner) _____ Date _____

Sample Check with ABA Routing Number and Account Number

John Doe 3601 Market Street Wilmington, DE 19802		1053
PAY TO THE ORDER OF _____		DATE _____
_____		\$ _____
_____		DOLLARS
National Bank Wilmington, Delaware		
Memo _____		
<u>001053</u>	<u>031100999</u>	<u>2799 6899</u>

Check #

ABA Routing #

Account #