



<u>Office Use Only</u>	
Certificate #	_____
Start Date	_____

**Direct Investment – IRA
Authorization Agreement for
Preauthorized Withdrawals (ACH Debits)**

For regular monthly investments directly deposited into a Converge Cornerstone Fund IRA Investment.

I hereby authorize Converge Cornerstone Fund to make withdrawals from the account named below at _____ and authorize the aforementioned financial institution to charge such withdrawals to my listed account. Such withdrawals shall be credited to my IRA investment as if I had personally made the deposit. This authorization shall remain in effect until I notify Cornerstone Fund that I wish to end the agreement, which I may do at any time.

Withdrawals shall be made on the:

- | | |
|--|----------------------------|
| _____ 1 st day of each month* | Investment Amount \$ _____ |
| _____ 15 th day of each month* | Investment Amount \$ _____ |
| _____ both the 1 st and 15 th of each month* | Investment Amount \$ _____ |

* or the first business day thereafter, in the event that the specified day falls on a non-business day.

Name of Financial Institution			
Routing Number	Account Number	Type of Account Checking _____ Savings _____	
Name of Investor (Please Print)			
Address	City	State	Zip
Signature of Investor			Date
Signature of Investor			Date

Please attach a voided check to this authorization form.