

Investments Since 1901

For Automatic Deposits & Preauthorized Payments

Account Name _____

Joint Account Name _____

Account Number _____

New Customer
 Update Existing Customer

Please check one for AUTOMATIC DEPOSITS to your bank account:

I hereby authorize Sterne, Agee & Leach, Inc. (the Company) to initiate credit entries to my bank account at the financial institution named below. I also authorize the Company to initiate, if necessary, debit adjustments for any credit entries initiated in error. I prefer the following automatic deposit options:

Frequency : Annually Daily Monthly Quarterly Semi-annually Weekly

Beginning Date: ____/____/____

Automatic distribution from my Brokerage or IRA Account \$ _____ Amount to be disbursed

Automatic distribution from my Brokerage Account for:

Money Market Interest Dividends Interest
 Money Market Balance Free Credit Balance

Please check one for PREAUTHORIZED PAYMENTS from your bank account:

I hereby authorize Sterne, Agee & Leach, Inc. (the Company) to initiate debit entries to my Checking account at the financial institution named below and to credit my Brokerage Account at the Company. I prefer the following preauthorized payment options:

Frequency : Annually Daily Monthly Quarterly Semi-annually Weekly

Beginning Date: ____/____/____

Automatic deposit to my Brokerage or IRA Account \$ _____ Amount to be deposited

Automatic deposit to my Brokerage Account for all debit balances

BANK ACCOUNT INFORMATION (Please Type or Print Clearly)

Depository Name: _____ 9 Digit Routing #: _____

Branch: _____ City: _____ State: _____ Zip Code: _____

Please indicate your bank account type and account number in the space provided (please choose only one option).

Checking Account #: _____ OR Savings Account #: _____

(PLEASE ENCLOSE A VOIDED BANK CHECK OR SAVINGS ACCOUNT DEPOSIT SLIP.)

CUSTOMER ACKNOWLEDGEMENT

I hereby authorize the financial institution named above to accept automatic deposits to or withdrawals from my account by the Company and to cause my account to be automatically credited or debited in the amount of such deposits or withdrawals by the Company, without any responsibility for the correctness of any such deposit or withdrawal. I understand that this authorization may be cancelled by either party at any time. My cancellation will become effective as to the Company when the Company receives my written notice of cancellation and has had a reasonable period of time on which to act on it. Any automatic deposits to or withdrawals from my account by the company up until that time will be authorized by this Authorization Agreement. I further understand that all automatic deposits and credits to or withdrawals and debits from my account under this authorization will be subject to all rules, regulations, and disclosure statements of the Company and the Institution governing accounts and preauthorized transfer to and from accounts.

Customer Signature: _____ Date: _____

Joint Account Signature: _____ Date: _____

The Joint Owner of either the Sterne, Agee & Leach, Inc. account and/or the bank account must sign.