



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS OF DIVIDENDS

To change your ACH / Direct Deposit Information, please complete the form below and attach a copy of a voided check.:

Name: _____

Email Address: _____

Telephone: _____

Registration Name: _____

DEPOSITORY INFORMATION

Bank Name: _____

Bank Location: _____

ABA#: _____

Bank Acct Name: _____

Bank Acct Number: _____

Bank Account Type: **Checking or Savings** (Please select one)

Signature: _____ **Date:** _____

Email: investorservices@fscap.net | Fax: 732-676-7759

Please Attach Voided Check: No Deposit Slips. No Starter Checks.