

Islandcolonypartners

445 Seaside Avenue, Mezzanine, Honolulu, HI 96815

AUTHORIZATION FORM AUTOMATED CLEARING HOUSE (ACH) PAYMENTS

Account Name _____

Account Address _____

Account Number _____

Type of Account Checking _____ Savings _____

Financial Institution Name _____

Financial Institution ACH Routing Number _____

Financial Institution Address _____

****Please include a Voided Check with this form****

Authorization Agreement for ACH Service – I authorize Island Colony Partners and the financial institution listed above to deposit into my account my monthly distribution payment. I acknowledge that the origination of Automated Clearing House transactions to the account listed must comply with the provision of U.S. law. I understand that both the financial institution and Island Colony Partners is not responsible for late or non-sufficient fund fees caused by a delay in processing ACH transactions and reserves the right to terminate this service and/or my participation therein. I understand that, at any time, I may elect to discontinue my enrollment in this service by providing written notice.

Signature

Date