



AUTHORIZATION FOR DIRECT PAYMENT VIA ACH

This agreement authorizes RCG to initiate debit transfers via ACH from your bank account to your RCG account.

- ☐ initial authorization ☐ amended authorization ☐ cancellation (select one)
- Customer authorizes RCG Division of Marex Spectron ("RCG") to electronically debit Customer's bank account ("Bank Account") from the following financial institution:

Bank account title: _____

Bank account type: ☐ checking ☐ savings (select one)

Financial institution name: _____

Routing number: _____ Bank account number: _____

Additional routing information (if necessary): _____

- Customer represents that this bank account is carried at customer's financial institution primarily for commercial purposes and that all ACH transactions initiated pursuant to this authorization are non-consumer debits.
- Customer acknowledges that all transactions initiated pursuant to this authorization are subject to the rules of the National Automated Clearing House Association applicable to CCD debit transactions and not subject to regulation under the Electronic Funds Transfer Act, Regulation E issued by the Board of Governors of the Federal Reserve, the rules of the Consumer Financial Protection Bureau or any state enactment of the Uniform Commercial Code.
- Customer agrees that all ACH transactions initiated pursuant to this authorization must comply with all applicable U.S. laws.
- Customer agrees that the amount of all debits executed pursuant to this authorization may vary, but each debit shall equal the amount of all current margin calls or other deficits (as determined under the RCG customer agreement) plus applicable fees and that notice of margin calls, deficits and fees contained in daily account activity confirmations is sufficient.
- Customer understands that this authorization will remain in full force and effect until RCG is notified in writing or by email that this authorization has been cancelled. Customer understands that RCG requires at least one business day prior notice in order to cancel this authorization.

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____

RCG Account Number: _____

**YOU MUST INCLUDE A CANCELLED CHECK OR RECENT
ACCOUNT STATEMENT WITH THIS AUTHORIZATION FOR THE ACH TO BECOME EFFECTIVE**