



Authorization Agreement for Direct Payments (ACH Debits)

TradeStation Securities Account Title:

TradeStation Securities Account Number:

I (we) hereby authorize TradeStation Securities, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) **Checking Account** **Savings Account** (select one) indicated below at the depository financial institution named below, hereafter called BANK, and to credit the same to such account. I (we) acknowledge that origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Bank Name: Branch:

City: State: Zip:

Bank Account Title:

Please note that the title of your TradeStation Securities account and the title of the bank account must match exactly, or this authorization will not be valid.

Routing Number: Account Number:

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner so as to afford COMPANY and BANK a reasonable opportunity to act on it.

Name(s) of Account Holder(s):

Date: Signature: **X**

(Please print)

Date: Signature: **X**

**SIGN
HERE**

**SIGN
HERE**

If Joint
Account

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATIONS ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

FAX BACK TO: 954-652-5800

PLEASE ATTACH A VOIDED CHECK FOR A CHECKING ACCOUNT
OR A DEPOSIT SLIP FOR A SAVINGS ACCOUNT