



AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

FINANCIAL RESEARCH FUND

The information requested on this form is required for the purpose of authorizing the Department of Treasury Financial Research Fund to electronically collect semiannual assessment payments from your account. Payments will be collected March 15 and September 15. An electronic billing notification detailing the amount of the payment will be provided via E-mail approximately 14 days prior to collection. No electronic collection from your account may be transacted unless a signed authorization form is received. We estimate that it will take approximately 15 minutes to complete this form. Please submit completed form to ARServiceDesk@Fiscal.Treasury.gov; please include "FRF Assessments" in the subject line.

CHECK ONE: START CHANGE STOP

BANK INFORMATION

BANK NAME (PLEASE PRINT)

STREET ADDRESS

CITY/STATE:

ZIP CODE:

RSSD ID NUMBER: See Institution Search @ <http://www.ffiec.gov/nicpubweb/nicweb/SearchForm.aspx>

TAX PAYER IDENTIFICATION NUMBER

PRIMARY CONTACT FULL NAME

PRIMARY PHONE

PRIMARY CONTACT E-MAIL

SECONDARY CONTACT FULL NAME

SECONDARY PHONE

SECONDARY CONTACT E-MAIL

ADDITIONAL CONTACT FULL NAME

ADDITIONAL PHONE

ADDITIONAL CONTACT E-MAIL

I hereby authorize the initiation of a deduction from my account and the Department of Treasury Financial Research Fund to debit such account. I understand I will be notified of the debit amount, and notified if the debit amount needs to be adjusted, either to be increased or decreased. I understand that the authorization is in effect until a Change or Stop notice is initiated. I understand that I must ensure that there are sufficient funds available in my account to perfect the assessment payment.

ACCOUNT INFORMATION

NINE-DIGIT ROUTING TRANSIT NUMBER:



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ACCOUNT TITLE

ACCOUNT NUMBER

CHECKING
 SAVINGS

SIGNATURE AND TITLE OF REPRESENTATIVE

AREA CODE/TELEPHONE NUMBER

DATE