



CORDASCO & COMPANY LLC

I/We hereby authorize Cordasco & Company, LLC to initiate a withdraw of _____ from my/our checking account at the financial institution as selected below. This authority will remain in effect for future incurred fees until Cordasco & Company, LLC is notified by me/us, in writing, to cancel it in such time as to afford Cordasco & Company, LLC and the financial institution a reasonable opportunity to act on the request to cancel.

Please Complete the Following:

ACH WITHDRAW INFORMATION

Account Holder's Name : _____

Bank Name : _____

Routing Number : _____

Account Number : _____

Billing Address : _____

Account Type: Personal Business

Signature: _____ Date: _____

EMAIL COMPLETED FORM & VOIDED CHECK TO RFENTON@CORDASCOCPA.COM OR FAX TO 912-353-7801

