



AUTHORIZATION AGREEMENT FOR DIRECT ACH DEBITS AND CREDITS

RJO Account Title	RJO Account Number, if assigned	
By signing this Authorization Agreement for Direct AC Associates, LLC ("RJO") to initiate corporate CCD debi or from my (our) Bank Account held at the depository fir the account from time to time to satisfy any "Margin C accordance with the RJO Account Agreement. I (We) a must comply with the provisions of U.S. law. I (We authorization may vary, but each debit shall equal the a Account Agreement) plus any applicable fees. I (We) used only for amounts less than or equal to \$100,000 pallow for ACH's greater than \$100,000 or (ii) request the	t or credit entries upon my (our) request nancial institution named below (the "De Call" or other deficit due from me (us) in acknowledge that the origination of ACH) further acknowledge that the amount mount of the then due "Margin Call" or or agree and acknowledge that ACH transprovided; however, that if market condit	via Automated Clearing House (ACH) to pository"). I (We) authorize RJO to debit in the RJO Account referenced above in transactions to my (our) account by RJO of all debits executed pursuant to this ther deficit (as determined under the RJO sactions under this authorization may be ions dictate, RJO reserves the right to (i)
ACH Instructions:		
Bank Name	Branch	
City	State	ZIP
Bank Account Title		
ank Routing Number Checking Account Number		
**** Please include an image of a voice	ded check with this ACH agi	reement for verification ****
Please indicate if this is a new Agreement or a char		
NEWCHANGE (By marking this as a previously given ACH instructions and authorize RJC termination.)		
This authorization is to remain in full force and effect un at the address and facsimile number listed below in suc act on such notification. I (We) understand that if I (v complete the ACH transaction, RJO may choose to improve the action of the complete the ACH transaction, RJO may choose to improve the action of the complete the complete the action of the complete the complete the complete the complete the action of the complete	ch time and manner as to afford RJO an ve)revoke this authorization or fail to m	d Depository a reasonable opportunity to
I (We) release RJO and its affiliates, agents and repres	entatives from all liability for their compli	iance with these instructions.
I (We) understand that any fund transfer via an ACH s Clearing House Association applicable to the ACH syst E issued by the Board of Governors of the Federal Re 205, Article 616.	em. It is not subject to the rules of the E	Electronic Funds Transfer Act, Regulation
All notices to RJO shall be in writing and directed as fol	lows:	
Mail: R.J. O'Brien & Associa Facsimile number: (312) 373-5227 Scan/email: ClientServices@rjobrie	ates, LLC, 222 South Riverside Plaza, Sen.com	uite 1200, Chicago, Illinois 60606
Notice shall be deemed as made when the original acknowledged by RJO.		when receipt of a facsimile or email is
Client Signature	Tax ID	
Print Client Name	Date	
Joint Party Signature (if applicable)		
Print Joint Party Name	Date	