

ACH Authorization Agreement

Sub Filing #	ER Code	SSN/TIN (Last 4 digits)
CA Code	Account Number	Acct. Info. <u>ACH</u>
(Once Use Only)		Authorized by _____ AS Approval (if in person)

This will serve as authorization to participate in the Automated Clearing House (ACH) program to transfer funds between the designated bank account and your brokerage account at _____

BROKERAGE ACCOUNT INFORMATION

Account Title
ONASCO, P.C.

BANK ACCOUNT INFORMATION

New Update I/we authorize _____ to update existing ACH(s). I/we authorize _____ to cancel existing ACH(s).
*Verbal Client authorization is permissible to update ACH transfer(s) to a bank account(s), or cancel any ACH transfer(s).

Name of Bank Account
JOSEPH E. BILLEN, JR.

Name on Bank Account (printed)

Bank Name	City	State	ZIP Code
Routing	Account Number	Type	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings

PERIODIC TRANSFERS

Deposits to Bank from Brokerage
Amount \$ 1,389.00 Start Date 07/15/2018 End Date (Optional) Frequency MONTHLY

Withdrawals from Bank to Brokerage
Amount \$ Start Date End Date (Optional) Frequency

Variable Transfer Distributions from Brokerage Account to Bank Account

<input type="checkbox"/> FC-BAL Free Cash Balance	<input type="checkbox"/> DIV Dividends	<input type="checkbox"/> INT Interest	<input type="checkbox"/> CAP Capital Gains Distribution	<input type="checkbox"/> Other Cash in lieu, optional dividend, substitute payments
<input type="checkbox"/> MID-BAL MM Fund Balance	<input type="checkbox"/> ROC Return of Capital	<input type="checkbox"/> ROP Return of Principal	<input type="checkbox"/> LIQ Liquidation	Start Date End Date (Optional)
<input type="checkbox"/> PDST Partner's Distribution	<input type="checkbox"/> DDIV Dividends from Securities held outside the firm	<input type="checkbox"/> MAT Maturity	<input type="checkbox"/> PRIN Principal	

Frequency Options:
 Daily Weekly Bi-weekly Monthly Semi-Monthly Monthly on the Last Business Day Quarterly Annually
 Semi-Weekly (variable only) Bi-Monthly Bi-Monthly Semi-Monthly

*The combination of Daily + FC-BAL or MID-BAL is not permitted. Variable periodic distributions exceeding \$100,000 may be restricted under policy.

ACH on Demand
I/we authorize _____ to transfer funds upon Client request.
Permissible transactions: Deposit to bank from brokerage Withdrawal from bank to brokerage

DOCUMENTATION OF CLIENT(S) VERBAL INSTRUCTIONS

Name of Authorized Account Holder	Account Holder(s) personally known to that of	Account Holder(s) confirmed by two persons of identifying information, (SSN and account related information)
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURES: ALL ACCOUNT OWNERS MUST SIGN
 (See Additional Information on page 2 of the document regarding verbal authorization.)
 If the registration on the bank account and the brokerage account are not the same, signatures of all account holders are required before a withdrawal from the bank account can be initiated on the brokerage account.
 By signing, you acknowledge that you have all necessary authority to provide and be bound by money movement instructions, as enclosed by the ACH Authorization Agreement, with respect to the account(s) listed.
DO NOT SIGN BELOW UNLESS YOU HAVE READ AND UNDERSTAND ALL TERMS AND CONDITIONS ON PAGE 2 OF THE DOCUMENT.

Signature 1 <i>[Handwritten Signature]</i>	Print Name ROBERT FOSTER BILLEN	Date 9-7-18
Signature 2 X	Print Name	Date
Signature 3 X	Print Name	Date

ASSOCIATE AND SUPERVISORY SIGNATURES

The undersigned certifies that the account holder(s) authorized the ACH transfer as described in this form. The undersigned further certifies that all handwritten portions of this document were filled in before account holder(s) signature(s) and that this document was not altered after being signed by account holder(s). If the account holder(s) verbally authorized the use of ACH transfer to a bank account or cancellation of any ACH transfer, they hereby have verified by one of the methods documented above.

Associate's Signature X	Print Associate's Name	Date 9/7/18
Qualified Supervisor's Signature X	Print Qualified Supervisor's Name	Date

is a USAID name used by _____

JOSEPH R BIDEN JR.

2541

PAY TO THE
ORDER OF

DATE _____
VOID

\$

DOLLARS



Security Features
Printed
Direct to Paper

MEMO _____

MP

electronic credit and/or debit entries initiated by you and processed through us from your account. This service is established solely for the convenience of the account owner, and the persons signing the reverse side of this document understand that this service may be terminated or modified at any time without notice by [redacted] or its agents.

The account owners release [redacted] and its affiliates, agents, and representatives from all liability and agree to indemnify the same from any and all losses, damages, or costs for acting in good faith in accordance with the privilege selected herein. In no event shall [redacted] or its affiliates, agents, or representatives be liable for consequential damages. All terms shall be binding upon the heirs, representatives, and assigns of the account owners.

The account owners release [redacted] and its affiliates, agents, or representatives in the event [redacted] makes an error which underpays/overpays their account. The account owners authorize [redacted] to debit or credit their account as necessary to correct any errors.

A fee will be charged for all DEPOSITS into brokerage accounts that reject for insufficient funds or closed accounts.

The authorization will continue until terminated by any account owner by written or verbal notification to [redacted]. Termination will be effective as soon as [redacted], upon receipt, has had reasonable time to act upon it.

Additional Information

- A. Verbal Client instructions are permissible to cancel ACH transfer(s), and to update amount, frequency or date of ACH transfer(s) to a bank account.
- B. A new form must be completed when changing account to be debited or credited.
- C. Funds will not be automatically deposited to or withdrawn from money market accounts unless a sweep agreement is on file.
- D. If an ACH frequency is a holiday or weekend, money will remit on the next business day.
- E. Complete one form for each account in which transfers are to be made.
- F. Variable distributions exceeding \$100,000 will be sent via wire per [redacted] policy. Fees may be imposed by other financial institutions involved in the wire transfer.
- G. Federal Regulation D limits certain types of withdrawals and transfers from a savings or money market account to six per monthly statement period. If you direct us to make withdrawals from your savings account, that transfer will count toward this federal limit on monthly withdrawals. Excess activity fees may apply if you exceed the federally mandated transaction limit. Please see your savings account agreement for additional details.

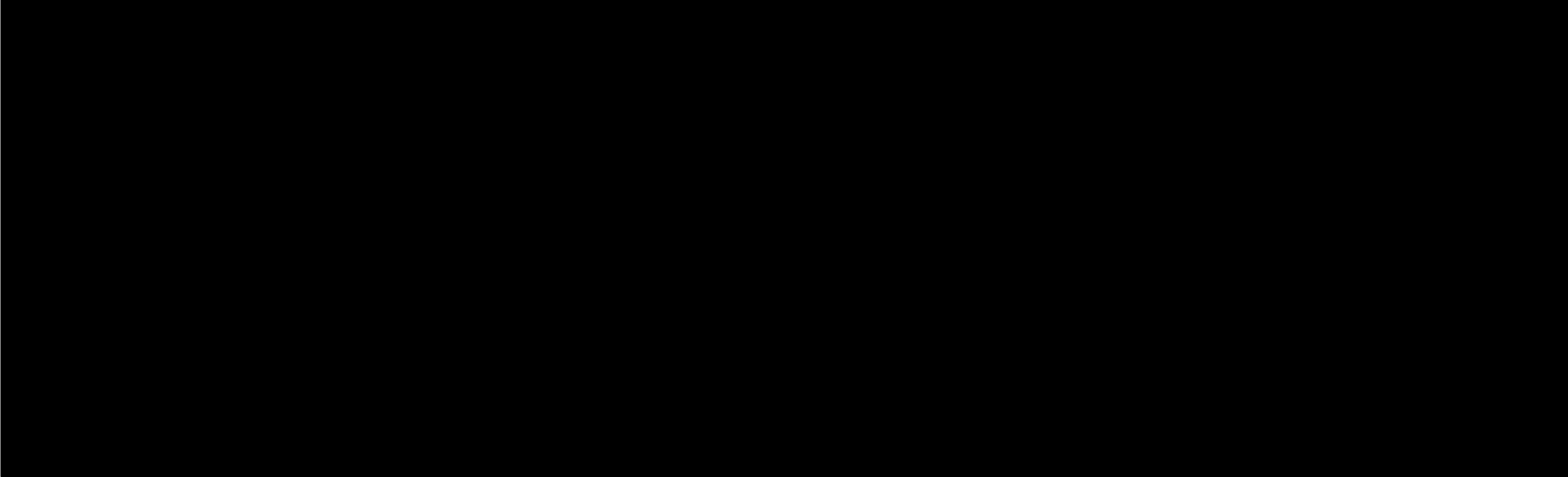


OWASCO, P.C.

SEPTEMBER 1, 2018 - SEPTEMBER 30, 2018
ACCOUNT NUMBER: [REDACTED]

Activity detail by date continued

DATE	ACCOUNT TYPE	TRANSACTION/ CHECK NUMBER	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH AND SWEEP BALANCES
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09/17	Cash	AUTO ACTIVITY		MONTHLY DISTRIBUTION TRACE # [REDACTED]		-1,380.00	8,667.26
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