Account # _____

AUTHORIZATION FOR ELECTRONIC TRANSFER
(AUTOMATED CLEARING HOUSE)

To: Penson Financial Services, Inc.
1700 Pacific Avenue
Suite 1400
Dallas, Texas 75201

ATTN: Banking Department

I/We authorize Penson Financial Services, Inc., ("Penson") to transfer funds via ACH from my securities account to my bank account as follows: (In the event an entry is incorrect, Penson reserves the right to submit correcting entries.)

___ New ACH Authorization ___ Change of Existing Authorization

The Banking Department must be notified of any changes to the money market account, i.e. switching of money market funds or closure.

The receiving bank account is (choose one)

__ Checking (attach voided check below) __ Savings (attach savings deposit slip below)

The type of transfer requested is (choose one)

__ As occurring (non-specific) for (choose one)

__ Dividends or Interest & Principal Paydowns

__ Dividends or Interest only

__ Proceeds from all sales & maturities

__ Phoned request

__ Recurring (specify below)

Amount: $_____ (must be the same amount each time)

Day of Month: _____ (i.e. 15th, 30th, etc.)

Number of Months: _____ Until Further Notice: _____

Attached is a voided check or savings deposit slip that will provide all necessary bank routing information. I understand that the ACH activation will take approximately 10 business days from the date of receipt of these instructions. I understand that recurring transfers, if applicable, will occur no later than the next business day, assuming funds availability. **Please be advised that funds must be readily available in the cash account or money market fund or there is a possibility the ACH will be delayed or bounced**. No notification will be sent for returned ACH's. I agree to hold Penson and their agents free of liability for their compliance with these instructions.

This authorization shall remain in full force and effect until instructions to terminate or alter are received in writing by Penson Financial Services, Inc.

_____ _____/_____/_____
Account Owner Signature Date

_____ _____/_____/_____
Joint Account Owner Signature, if applicable Date

Attach Voided Check or Savings Deposit Slip Here