

DIRECT DEPOSIT AUTHORIZATION

YOU MAY COMPLETE THIS FORM AND SUBMIT IT TO YOUR PAYROLL DEPARTMENT OR GOVERNMENT AGENCY FOR PROCESSION OR, TRANSFER THE INFORMATION TO YOUR PAYOR'S DIRECT DEPOSIT FORM. PERSHING CANNOT SET UP THIS SERVICE FOR YOU.

PLEASE SUPPLY THE FOLLOWING INFORMATION

I want the Pershing Division of Donaldson, Lufkin & Jenrette Securities Corporation (Pershing) to receive my Direct Deposit. I authorize my employer, or the designated government agency, to make

Salary Social Security Other

payments into my brokerage account indicated below at Pershing in the amount per payment noted below.

Customer Name:

Name of Employer or Government Agency

Social Security Number:

Address:

The Amount to be deposited into my brokerage account by "Direct Deposit" is:

City/State/ZIP:

Please deposit total net pay.

Please deposit \$ _____ each pay period.

Customer Signature:

Date:

X _____

____ / ____ / ____

This section has information that is required by your employer/or government agency in order to set up this Direct Deposit for you.

Please fill in your brokerage account number in the space below to insure correct processing.

Account Number Required for Direct Deposit Processing:																
																Enter your Brokerage Acct. No. here:
1	2	5	0	0	0	0	0									

Transit-Routing Number:										
		0	2	1	0	0	0	0	1	8

Account Type: **Checking**

Name of Financial Institution: **The Bank of New York**

HOW TO SET UP YOUR DIRECT DEPOSIT SERVICE

- Complete this form and take to your employer's payroll department or your government agency to process.
- If the payor wants you to use on of their forms, fill in the following information onto that form:
 - Transit-Routing Number
 - Account Number (you must submit all 17 digits for correct processing)
 - Account TypeNote: Attach this form in place of a "void" check or deposit slip.
- Allow four to six weeks for processing.