



<u>Office Use Only</u>	
Certificate # _____	
Start Date _____	

DIRECT INVESTMENTS
Authorization Agreement for Preauthorized Withdrawals (ACH Debits)

**For DIRECT INVESTMENT (regular monthly investments) into a
Converge Cornerstone Fund DEMAND CERTIFICATE**

I hereby authorize Converge Cornerstone Fund to make withdrawals from the account named below at _____ and authorize the aforementioned financial institution to charge such withdrawals to my listed account. Such withdrawals shall be credited to my investment as if I had personally made the deposit. This authorization shall remain in effect until I notify Cornerstone Fund that I wish to end the agreement, which I may do at any time.

Withdrawals shall be made on the:

_____ 1 st day of each month*	Investment Amount \$ _____
_____ 15 th day of each month*	Investment Amount \$ _____
_____ both the 1 st and 15 th of each month*	Investment Amount \$ _____

* or the first business day thereafter, in the event that the specified day falls on a non-business day.

Name of Financial Institution			
Routing Number	Account Number	Type of Account Checking _____ Savings _____	
Name of Investor (Please Print)			
Address	City	State	Zip
Signature of Investor		Date	
Signature of Investor		Date	

Please attach a voided check to this authorization form.