

Letter of Authorization for 3rd Party Checks

Name []
Street Address []
City State Zip []
Email []

Client Account Number []

One time only instructions unless box to left is checked indicating standing instructions. (Standing instructions valid for one year from date signed below.)

Client phone # for contact during business hours* []

(Required for Notification & Confirmation)

*(only required if Notary or Medallion stamp is absent)

Check Amount []
Payee information (up to five lines) []
Payee information []
Payee information []
Payee information []
Payee information []

By affixing my signature below, I represent to Legent Clearing LLC and my brokerage firm that the information contained above is truthful and accurate, and represents my instruction.

Signatures: Registered owner(s) of account must sign below:

Signature [] Date []
Signature [] Date []

Notary: Please use space below

[]

Correspondent Principal Review:

Name [] Title []
Signature [] Date []

Legent internal use only:

Legent Review [] Date []