

AUTHORIZATION AGREEMENT
FOR DIRECT ACH & WIRE DEBITS OR CREDITS

Account Information

Full Legal Entity Name:

Taxpayer or Government ID Number:

Registered Address (P.O. Boxes Are Not Allowed):

City:

Region:

Postal Code:

Country:

FCM Account Number:

SXM Account Number:

Type of Transfer:

Domestic ACH

Domestic Wire

International WIRE

Please contact your StoneX Group Inc. representative if you prefer to wire in currency other than USD.

Depository Settlement Instructions

Name on Account:

Bank Account Number:

If ACH, please select account type: Checking Savings

ABA or SWIFT/BIC Number:

Bank Name:

Location (City, Region, Country, Postal Code):

Intermediary Banking Instructions (if applicable)

Bank Account Number:

ABA or SWIFT/BIC Number:

Bank Name:

Location (City, Region, Country, Postal Code):

Further Credit To (if applicable):

The following information applies for those customers electing electronic transfers via Automated Clearing House (ACH):

I (We) hereby authorize the FCM Division of StoneX Financial Inc. ("FCM") and StoneX Markets LLC ("SXM"), respectively, to the extent Customer establishes an account with the FCM or SXM, to initiate corporate CCD or consumer PPD debit or credit entries, as appropriate based on the customer, via Automated Clearing House (ACH) transfer to my (our) account held at the depository financial institution named above (the "Depository"), and to debit such account from time to time to satisfy any "Margin Call" or other deficit due from customer(s) in the Account(s) referenced above in accordance with the SXM Customer Agreement or FCM Customer Agreement. I (We) acknowledge that the origination of ACH transactions to my (our) account by SXM or FCM must comply with the provisions of U.S. law. I (We) further acknowledge that the amount of all debits executed pursuant to this authorization may vary, but each debit shall equal the amount of the then due "Margin Call" or other deficit (as determined under the SXM Customer Agreement or FCM Customer Agreement) plus any applicable fees.



This authorization is to remain in full force and effect until SXM or FCM receives written notification from me (or either of us) of its termination at the address and facsimile number listed below in such time and in such manner as to afford SXM and/or FCM and Depository a reasonable opportunity to act on such notification. Furthermore, any revocation of this authorization, failure to maintain adequate availability of credit required by this authorization, or the dispute of any debit executed pursuant hereto may, at the sole discretion of SXM and/or FCM, result in the immediate closing of the SXM and/or FCM Account. I (We) am (are) aware and acknowledge that all transactions initiated pursuant to this authorization are non-consumer debits, and are not subject to regulation under the Electronic Funds Transfer Act, Regulation E issued by the Board of Governors of the Federal Reserve, Uniform Commercial Code Article 4A or Iowa Code Chapter 554, Article 13. All debits made pursuant to this authorization are governed exclusively by the rules of the National Automated Clearing House Association applicable to corporate CCD debit transactions.

If Customer is requesting ACH transfers, please select the desired initiation process:

The Customer will be in contact with their SXM and/or FCM broker of record prior to initiating the transaction.

Automatic Transaction - (For FCM Only) FCM initiates the transaction without contacting the Customer.

All notices to FCM and/or SXM shall be in writing and directed to the following address and facsimile number: StoneX Financial Inc.

Attn: Treasury
230 S. LaSalle, Suite 10-500
Chicago, IL 60604

Facsimile: 312-268-7095

| | |
|--|---|
| <p>Print Customer Name</p> <p>Signature Date: / / <i>Day Month Year</i></p> <p>Signature Date: / / <i>Day Month Year</i></p> | <p>Corporation, Partnership, Limited Liability Company, Trust: (All General Partners sign)</p> <p>Print Customer Entity Name</p> <p>Print Signatory Name</p> <p>Title</p> <p>Signature Date: / / <i>Day Month Year</i></p> <p>Print Signatory Name</p> <p>Title</p> <p>Signature Date: / / <i>Day Month Year</i></p> |
|--|---|