

Date:	
Initial Authorization – Complete bank inform	nation.
Revised Authorization – Complete bank info	ormation.
Rescind Authorization – Sign at bottom of le	etter only.
To Whom It May Concern:	
This letter authorizes Straits Financial LL withdraw funds from the following bank account for My banking information is as follows. A copy of verify account ownership:	· · · · · · · · · · · · · · · · · · ·
Account Name:	
Account Number:	
Bank Name:	
Bank ACH Routing #:	(on the bottom of a check)
Bank Account #:	
I understand that either my broker or treasury@straitsfinancial.com to initiate such transating this account to cover such requests when process signing this authorization and agreeing to the above SF LLC trading account on the day that the transactions are transactions as the strain of the stra	ed by the bank. Furthermore, I understand that by e stipulations, SF LLC can credit the funds to my
This authorization will remain in effect until until I close my trading account with SF LLC. In acknowledge that a new authorization will new treasury@straitsfinancial.com.	
Thank you,	
X	X
Print Name – Customer	Print Name & Title – SF LLC Personnel