



Third Coast Asset Management

ACH AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I (we) authorize Third Coast Asset Management to initiate entries to my checking/savings account. I (we) understand that this authorization will be in effect until I (we) notify Third Coast Asset Management in writing that I (we) no longer desire this service, allowing it reasonable time to act on my (our) notification. I (we) also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my (our) account.

Client understands that all Owner monthly/annual financial statements will be sent via email and all Owner fund disbursements be received from Manager via bank ACH (direct deposit). Client also understands that by not agreeing to fill out the ACH Agreement below, Owner is requesting that Third Coast Asset Management send aforementioned Owner statements and a paper check for fund disbursements, and Owner acknowledges and agrees to pay Manager a processing fee of \$20.00 per mailing.

Financial Institution _____

Checking or Savings Account (Circle One) Checking or Savings

Bank Account Number _____

Bank Routing Number _____

Name Associated with Bank Account _____

Address Associated with Bank Acct. _____

Email where future Monthly Statements will be sent _____

Client Name(s) _____

Client Signature _____ Date _____

Client Signature _____ Date _____

Please provide a voided check by writing **“VOID”** across one of your bank checks and include it with this completed Authorization Agreement.

Return the form and voided check to Third Coast Asset Management either by mail at the address listed below or via email at ***Owners@ThirdCoastAssetManagement.com***.

If you have any questions or require assistance, please contact our support team at **616-370-4559**.

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