

RAVENEL ASSOCIATES, INC.

AUTHORIZATION AGREEMENT FOR AUTOMATIC ACH DEPOSITS/ACH CREDITS/DEBITS

NAME OF ASSOCIATION: _____

ACCOUNT #: _____

NAME/NAMES ON ACCOUNT: _____

I (we) hereby authorize Ravenel Associates, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) __ Checking __ Savings account (select one) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

DEPOSITORY
NAME _____ BRANCH _____

CITY _____ STATE _____ ZIP _____

TRANSIT/ABA NO. _____ ACCOUNT NO. _____

This authority is to remain in full force until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

NAME(S) _____ ID NUMBER _____
(Please Print)

DATE _____ SIGNED X _____

SIGNED X _____

PLEASE VERIFY THE ACH ROUTING NUMBER WITH YOUR FINANCIAL INSTITUTION FOR AUTOMATIC ACH DRAFTS.

Return form to:

**Ravenel Associates, Inc.
3690 Bohicket Road, Suite 1-A
Johns Island, SC 29455**