



Sharper Management, LLC  
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## ACH/EFT CREDIT/DEBIT AUTHORIZATION FORM

I (Hereinafter "Participant") hereby authorize Sharper Management (Hereinafter "Sharper") to initiate entries to my checking/savings account at the financial institution listed below (Hereinafter "Financial Institution"), and, if necessary, initiate adjustments for any transactions credited/debited in error. This authority will remain in effect until Sharper is notified by me in writing to cancel it in such time as to afford Sharper and the Financial Institution a reasonable opportunity to act. Completion of this form does not guarantee that transactions will be done electronically.

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Name of Participant's Financial Institution

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Participant's Name as Appears on Bank Account

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Participant's Signature / Date (MM/DD/YYYY)

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Participant's Current Mailing Address

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Participant's Email Address for Notification of Payment

Participant's Bank Account Type (circle one): Checking | Savings

Participant's Bank Account Number: \_\_\_\_\_

Participant's Financial Institution Routing Number: \_\_\_\_\_

John Doe  
 123 Anywhere Street  
 Anytown, US 10001  
 Date: \_\_\_\_\_  
 Pay to the Order Of \_\_\_\_\_ \$ \_\_\_\_\_ Dollars  
 Your Financial Institution  
 MICR line: ■:012345678:■0000 2345 6789 1001

*Routing Number.  
 Always 9 digits between  
 the ■ symbols.*

*Account Number.  
 Up to 17 digits. Don't include the check number that  
 matches the number in the upper right of the check.*