



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.

Name of Participant's Financial Institution

Participant's Name as Appears on Bank Account

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

Participant's Current Mailing Address

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	_____	\$ _____
Your Financial Institution		_____ Dollars
⑈: 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.*