



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 (Choose 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
 ■: 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.