

**Dear
MagnifyFundUs Client**

As referenced in the **MagnifyFundUs Client Agreement**, we collect management fees on a daily basis through our Automatic Payment program. This authorization form gives us permission to process debits to your business debit card / business checking account without you having to worry about writing and mailing checks.

BUSINESS DEBIT CARD AUTHORIZATION FORM

I hereby authorize MagnifyFundUS Inc. to process daily debits to the debit card as specified below. I understand this amount will show up on my bank statement for the purposes of payment and amount verification.

Client Name:

Name printed on card:

Billing address:

City: _____ **Phone:** (____) _____

Debit Card Type: Mastercard [] Visa [] Amex [] Discover [] Other []

Card Number: _____ - _____ - _____ - _____

Expiration Date: ____/____ **Security Code:** _____

Visa and Mastercard Users:

Flip your card over and look at the signature box. You should see either the entire 16-digit credit card number or just the last four digits followed by a special 3-digit code. This 3-digit code is your Credit Card Security Code.

Please deduct payment amount as per our client agreement with MagnifyFundUS Inc.

*****I understand this authority is to remain in full force and effect until MagnifyFundUS Inc. has received written notification from me of its termination in such time and in such manner as to afford the depositor a reasonable opportunity to act on it. I maintain the right to stop payment of the debit entry (deduction) by written notification delivered to MagnifyFundUS Inc. ten (10) business days or more before the payment is scheduled to be made.*****

Signature: _____ **Date:** _____, 20 ____.