

DIRECT DEPOSIT REQUEST FORM

Registered Representative: _____

If you would like to have your CCS commissions deposited directly into your checking account, please complete and return this form to Tracy Williams at the address shown at the bottom of the page. Please be sure that you have signed the completed form before returning it.

AUTHORIZATION:

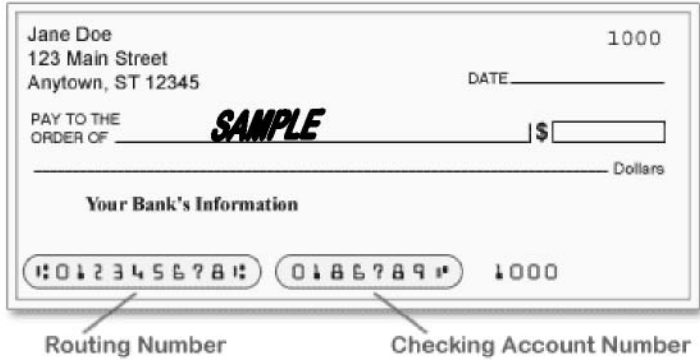
I hereby authorize Coordinated Capital Securities, Inc. (here after “Company”) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository names below, hereafter called “depository”, to credit and or debit the same to such account.

Direct deposit of commissions and fees may only be made to an account that is registered at the bank with the registered representative’s social security number. Direct deposits cannot be deposited into a corporate account.

Bank name, routing, and account numbers from your check (please do not use your deposit form):

Bank Name: _____

Routing Number: _____ Checking Account Number: _____



**ATTACH A COPY OF VOIDED
CHECK HERE.**

This authority is to remain in full force and effect until Company has received notification from me of its termination in such time and such manner as to afford Company and Depository a reasonable opportunity to act upon it.

SIGNATURE:

X _____ Representative Signature Date _____

FAX TO: Tracy Williams at 608-221-3015 **OR MAIL TO:** Coordinated Capital Securities, Inc. 704 River Place, Madison, WI 53716