

Letter of Authorization

Third Party Check Request

(Not for use on retirement distributions.)

CLIENT INFORMATION

Account Number _____ Account Type 1 2

Account Title _____

INSTRUCTIONS

One-Time

Amount of Check Request \$ _____

Standing Instructions (*Standing LOAs are good for 12 months from date LOA is signed*)

Amount of Check Request \$ _____

Various amount not to exceed \$ _____ (Per transaction)

CHECK DETAILS

Regular Mail (below details will display in payee section of the check)

Payee _____

Social Security Numbers and account numbers should not be included in the payee information on a check

Street Address: _____

City: _____ State: _____ Zip Code: _____

Additional Details to Include on Check Stub: _____

Overnight Delivery

Payee _____

Overnight Delivery Attention to: _____ Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Additional Details to Include on Check Stub: _____

CLIENT SIGNATURES

Client Name (please print)

Client Name (please print)

Authorized Client Signature

Date

Authorized Client Signature

Date

CORRESPONDENT FIRM ATTESTATION

In order to be processed, this request form must be signed by a Firm Authorized Signer or notarized. The undersigned Firm Authorized Signer hereby represents and warrants that the signature(s) of the person(s) signing above on behalf of the account is/are genuine and that such signer(s) is/are an authorized party with capacity and authority to bind the account, and agrees that the Firm will indemnify RBC Correspondent Services for any action taken in reliance on the above representations and warranties.

Firm Authorized Signer Name (please print)

Firm Authorized Signer Signature

Date

Place notary here, if required



RBC Correspondent Services