

# Wire / ACH Authorization Form

By completing this form, you authorize Pilot Growth to send distribution payments directly to the bank account you provide below. Please fax or email to 801.869.4319 or send to PilotGrowth@stratafs.com

# Please complete the information below:

Account Type:

Name on Account:

Routing Number:

Account Number:

Bank Name:

Bank Address:

SIGNATURE: DATE

PRINT NAME:

AS ITS:

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Pilot Growth in writing of any changes in my account information or termination of this authorization.