

## DTCC e-Payment Form for MBSD EPN Members only

This form is to be used to authorize payment of a MBSD EPN firm's monthly invoices via debit to an ACH- accessible bank account at a U.S. bank, or via credit card.

<p>I, the account owner identified below, authorize the Depository Trust &amp; Clearing Corporation ("DTCC") to charge my checking account or credit card account (as specified) for the amount due to DTCC on any invoices duly rendered by DTCC to the Company identified below ("the Company"). I represent that I am an authorized representative of the Company. I understand that invoices are rendered monthly if charges are incurred by the Company and that the payment amount may vary from month to month/quarterly/annually. I authorize that DTCC may send invoices to my Company on the same day that payments are collected.</p>	<p>I acknowledge that the charges incurred are solely for my commercial (and not personal) purposes. If I authorize DTCC to debit my credit card or checking account, I further acknowledge that such checking account is a commercial (and not a personal) account at a U.S. bank.</p> <p>This authorization will remain in effect until the earlier of (i) 30 days after the date when no changes are outstanding, and (ii) the date an authorized representative of the Company authorizes DTCC to charge the Company's DTCC invoices to a checking or credit card account. This authorization will be governed by the New York State law, without giving effect to the principles of conflicts of laws.</p>
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<b>Company Information</b>	
Company Name	
Participant #	
Name (first & Last)	

<b>Billing Contact Information</b>	
First Name	
Last Name	
Address	
City or Town	
State/Prov/County	
E-mail	
Postal (Zip) Code	
Telephone	
Country	
Fax	

Payment Account																											
<table style="width: 100%;"> <tr> <th colspan="3" style="text-align: center; padding: 5px;">Credit Card</th> </tr> <tr> <td style="width: 33%;"><input type="checkbox"/> American Express</td> <td style="width: 33%;"><input type="checkbox"/> Mastercard</td> <td style="width: 33%;"><input type="checkbox"/> VISA</td> </tr> <tr> <td colspan="3">Card Number:</td> </tr> <tr> <td colspan="3" style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Expiration:</td> <td>Month:</td> <td>Year:</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 20px;"></td> <td style="border: 1px solid black; width: 20px;"></td> </tr> </table>	Credit Card			<input type="checkbox"/> American Express	<input type="checkbox"/> Mastercard	<input type="checkbox"/> VISA	Card Number:						Expiration:	Month:	Year:				<table style="width: 100%;"> <tr> <th colspan="1" style="text-align: center; padding: 5px;">Checking Account</th> </tr> <tr> <td style="text-align: center; padding: 5px;">ACH-accessible US Commercial bank accounts only</td> </tr> <tr> <td>Name of Bank:</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Routing (ABA) Number:</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td>Account Number:</td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> </tr> </table>	Checking Account	ACH-accessible US Commercial bank accounts only	Name of Bank:		Routing (ABA) Number:		Account Number:	
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Account Number:																											

Signature of cardholder or bank account owner \_\_\_\_\_

  
  
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