

**INSTRUCTIONS:** Please complete this form in its entirety. By signing this form, you consent to all terms and conditions outlined in this document and reaffirm the terms and conditions in your Client Service Agreement.

### SECTION 1 - Client Information

Name: \_\_\_\_\_ Client Name: \_\_\_\_\_  
 Relationship Type: ☐ Consulting ☐ Advisory ☐ Other  
 Address: \_\_\_\_\_  
 Daytime Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### SECTION 2 – Fees & Expenses

Daytime Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Below are the options available to you for paying fees and expenses. Please choose one by checking the box immediately to the left of the payment method you want Polymath Principal Partners, LP ("P3 Capital") to use. Please refer to your Client Service Agreement for a complete schedule of fees and expenses.

☐ **Bill Credit Card** (please ensure card information on file is accurate/valid/)

Name as it appears on the card: \_\_\_\_\_  
 Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Credit Card Billing Address: \_\_\_\_\_  
 Cardholder Signature: \_\_\_\_\_

☐ **Process via ACH** (you must include a copy of a voided check. If sufficient cash is not available in the bank account, additional charges will be incurred.)

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Confirm Account Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_  
 Bank Account Name: \_\_\_\_\_

☐ I instruct P3 Capital to process a withdrawal from the above bank account for fee payment.

☐ **Deduct from Designated Account** (You will also need to complete the Advisory Fee Payment Authorization Form)

Custodian Name: \_\_\_\_\_ Account Name: \_\_\_\_\_  
 Account Number: \_\_\_\_\_

☐ I instruct P3 Capital to process a deduction from the above designated account for fee payment.

**Invoice** (Invoicing only applies to ongoing account fees and not other incidental or miscellaneous fees.)

### SECTION 3 - Scheduled Payments

P3 Capital should process fees and expenses as requested as follows:

Frequency: ☐ One Time ☐ Recurring

**For One Time Payments:** Amount: \_\_\_\_\_ Invoice Number: \_\_\_\_\_

**For Recurring Payments** (Please indicate what the payment is for):

☐ Expenses ☐ Service fees ☐ Third party payments\*

*\*If Third Party Payment, please include a section for the payee information, and they must also attach a signed invoice*

*Fees are process on the first, fifteenth or twenty seventh of each month)*

### SECTION 4 - General Provisions and Signatures

1. By signing below, I do hereby agree that P3 Capital has my authorization to process payments as indicated above.
2. I understand that this fee may in some cases be a recurring fee that will be processed by P3 Capital.
3. I agree that this authorization shall replace any previous fee payment authorization elections that I have on file with P3 Capital and that this authorization shall remain in effect until an administratively practical time after I give P3 Capital instructions to the contrary.
4. I agree that the initiation of any changes to this request must be completed in writing and could take up to ten (10) business days to reflect and process.
5. I understand that should any charges be denied on the day of first processing for any reason, P3 Capital will charge me a \$50.00 processing fee. In addition, P3 Capital will have the right to cancel this fee payment authorization without any written or verbal notification.

Client / Authorized Signer: \_\_\_\_\_ Date: \_\_\_\_\_

Client / Authorized Signer Printed Name: \_\_\_\_\_