

# Management Fee Debit Authorization

## 1 AUTHORIZATION AGREEMENT

I/we hereby authorize "ICON Advisers, Inc.", hereinafter called Company, or its custodian, to initiate debit entries for payment of management fees I/we owe to Company for management of my/our investment portfolio(s). Such debit entries are to be made from my/our Checking Account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. I/we acknowledge that the origination of ACH transactions to my/our account must comply with the provisions of U.S. law and will be billed only after I/we receive advance notice via the monthly account statement of the amount to be charged and I/we have had a reasonable opportunity to verify the accuracy of the management fee calculation. All management fees paid will also be reflected on the next period's account statement.

\_\_\_\_\_  
ICON ACCOUNT NUMBER

\_\_\_\_\_  
DEPOSITORY NAME

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
ROUTING NUMBER

\_\_\_\_\_  
ACCOUNT NUMBER

## 2 SIGNATURES

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

\_\_\_\_\_  
ACCOUNTHOLDER NAME

X  
\_\_\_\_\_  
SIGNATURE OF ACCOUNTHOLDER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
JOINT ACCOUNTHOLDER

X  
\_\_\_\_\_  
SIGNATURE OF JOINT ACCOUNTHOLDER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DATE

**Please attach VOIDED check from the DEPOSITORY account.**