

ACH Electronic Transfer Authorization Form

Please complete, then mail or fax to
The Alliance Development Fund, Inc.



I/We authorize The Alliance Development Fund, Inc. (ADF) to
initiate electronic funds transfers on my/our account described below:

- Automatic Monthly Withdrawal Initial Deposit Only Amount: \$ _____
- Checking Acct # _____ (Please attach a voided check)
- Savings Acct # _____ (Please attach a deposit slip)

Financial Institution's Routing # (9 digits)

Financial Institution's Name

Financial Institution's Address

Financial Institution's Phone #

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

| | |
|-----------------|--------------------------------------|
| Signature _____ | If joint account: Signature _____ |
| Full Name _____ | Full Name _____ |
| Date _____ | Date _____ |
| Phone # _____ | Phone # _____ |

FOR ADF USE: Date activated _____

On _____
(Date)

I/We authorized:

The Alliance Development Fund, Inc.
P.O. Box 63419
Colorado Springs, CO 80962-3419
Toll Free 1 (888) 878-3060
24-hour Phone Banking 1-877-797-3078
Fax 1 (719) 268-2259
Website www.adf-inc.com
to initiate electronic funds transfers on:

(Acct #)

(Financial Institution Name)

**for the transfer(s) on my/our
ADF investment(s), and agreed
to the terms listed on the authorization
form. To cancel, write to the
address above.**

Remove stub & keep for your records