



Letter of Authorization for 3rd Party Checks

Client Account Number

One time only instructions unless box to left is checked indicating standing instructions.
(Standing instructions valid for one year from date signed below.)

Name

Street Address

City State Zip

Client phone # for contact during business hours*.

**(only required if Notary or Medallion stamp is absent)*

Check Amount

Payee information (up to five lines)

Payee information

Payee information

Payee information

Payee information

By affixing my signature below, I represent to COR Clearing LLC and my brokerage firm that the information contained above is truthful and accurate, and represents my instruction.

Signatures: Registered owner(s) of account must sign below:

Signature

Date

Signature

Date

Notary: Please use space below

Correspondent Principal Review:

Name

Title

Signature

Date

COR internal use only:

COR Review

Date