

Trust Management Services

P.O. Box 879

Santa Barbara, CA 93102

To Whom It May Concern:

I _____, hereby authorize Trust Management
(Please Print)

Services to negotiate checks made payable to me solely for the purpose of
depositing funds into my client trust account.

This authorization will remain in affect until I revoke it in writing.

Persons Served name (Print)

Persons Served Signature (Required)

Date

Witness Name (Required)

Witness Signature (Required)

Date

TMS Representative

TMS Representative Signature

Date