

Contact Center: (800) 248-8447 | www.ForgeTrust.com

You must complete this application form to pay Forge Trust Co.'s Account Holder fees on behalf of your clients and request access to your clients' account information.

1. PAYER IDENTIFICATION

Payer Information

Name of Payer*			Primary Phone* XXX-XXX-XXXX		Email*
Entity	Individual	Name of Payer Contact*	Tax Identification Number*		Organized Under Laws of State*
Address*					
City*		State/Province*	Zip/Postal Code*	Country	

2. PAYER ACCOUNT HOLDER FEE PAYMENT(S)

Select from the options below to pay Forge Trust Co. fees on behalf of your clients/account holders. Selection of the fee(s) will obligate the Payer (the "Payer") to pay the fees as billed by Forge Trust Co. until changed by written directive from Payer, as described below.


Please bill fees. Payment of Fees is required on presentment of the invoice. A current listing of applicable fees can be found by reviewing the "Fee Schedule" located in the forms section of our website (www.forgetrust.com)

Cancel all Account Holder Fee Payments; we have notified our clients of the change.

By signing below, I acknowledge, on behalf of Payer, that:

- Payer will pay upon presentment of the invoice by Forge Trust Co. Failure to pay the invoice in full, within 30 days, will result in the termination of this agreement and the direct billing of the Account Holder, and Forge Trust Co. may report Payer to appropriate credit bureaus and/or refer the matter to a third-party debt-collector for collection of any unpaid amounts accrued prior to such termination.
- Payer will pay the fees selected above until a new Fee Payer Application form has been delivered to Forge Trust Co.
- The effective date of any change shall be the first day of the month following the receipt by Forge Trust Co. of the Fee Payer Application form. Payer will notify our mutual clients of any change in the payment options.
- Any fee dispute must be made in writing within 30 days of presentment of the invoice.

3. ACKNOWLEDGMENT & SIGNATURE

Payer Signature 	Date (MM/DD/YYYY)
Print Name	Title

Please sign and submit additional documents as required.

DELIVERY INSTRUCTIONS

Email
institutional@ForgeTrust.com

Fax
(650) 745-2902

Regular mail
Forge Trust Co.
PO Box 2048
San Francisco, CA 94126

Overnight mail
Forge Trust Co.
4 Embarcadero Ctr, Floor 15
San Francisco, CA 94111