⬤ CME Group

Name
_____

Address
_____

City, State, Zip

Holder Account Number

— —— —— —— —— —— —— —— —— —— ——

Use a black pen. Print in CAPITAL letters inside the grey areas as shown in this example.

| A B C | 1 2 3 | X |

Authorization for Electronic Funds Transfer — Credit

Bank Account Number

| | | | | | | | | | | | | | | | |

Bank Routing Number

| | | | | | | | | |

Note: DO NOT USE YOUR CREDIT CARD NUMBER. If you are unsure of your bank account number or bank routing number, please check with your financial institution, or see reverse. Please DO NOT provide a check number in the fields above. This is commonly listed with your account and bank routing numbers on your check. Account numbers must be in numeric format.

☐ Checking Account   ☐ Savings Account

Name(s) that appear on the account at your financial institution

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Name of Financial Institution

I/We hereby authorize Computershare as disbursing agent for the payer, to initiate credit entries to my (our) account; or if necessary debit entries or adjustments for any credit entries in error. This authority is to remain in effect until my (our) written authorization to terminate electronic funds transfer is received in time to afford Computershare reasonable opportunity to act on it or until this service is terminated by the payer or Computershare. **All registered holders as well as all individuals listed on the financial account must sign below.**

Signature 1 - Please keep signature within the box.

Signature 2 - Please keep signature within the box.

Date (mm/dd/yyyy)

| | | / | | | / | | | | |

Daytime Telephone Number

| | | | | | | | | | |

Please return completed form to: Computershare
PO Box 43078
Providence, RI 02940-3078

■   E 1 U D D   C M E   +

00H7WC-WEB

How to complete this form

Print the complete bank account number.

Print the bank routing number from your check or savings deposit slip. If you are using a savings account, contact your financial institution for the routing number.

Indicate the type of account: checking or savings.

Print the name(s) in which the account is held as it appears on your check.

Print the complete name of your financial institution.

Sign, date and print your complete phone number.

Return in the envelope provided.

The Benefits

- The service is free.
- There are no lost, delayed or stolen checks.
- No delays waiting for the check to clear.
- Contact your financial institution to verify deposit of funds.
- Your monthly bank statement will reflect the electronic credit.

Name(s) on Bank Account

John A. Doe
Mary B. Doe
123 Your Street
Anywhere , U.S.A. 12345

63-858
670

20

PAY TO THE
ORDER OF

$

Financial Institution and
Branch Information

Bank of Anywhere
123 Main Street
Anywhere, USA 12345

FOR

SAMPLE (NON-NEGOTIABLE)

⑈123456789 ⑈23456789012345 67

Bank Routing Number

Bank Account Number