



BROKERAGE PAYMENT SYSTEM CLEARING MEMBER PARTICIPATION FORM

The account identified below is the deposit account maintained by Clearing Member for participation in the Brokerage Payment System™:

Financial Institution: _____

Branch Name: _____

Specific Name of Branch: _____

Bank Contact Person: _____ Telephone Number: _____

Exact Account Name: _____

Check One: Savings Checking

Account Number: _____ Bank Routing Number: _____

Taxpayer I.D. Number: _____

Name of customer or division to be billed (clearing member divisions to be associated with this firm for payment purposes): _____

Clearing Member Contact Person: _____ Telephone: _____

TEFRA EXEMPT? YES NO

Bill Major Firm? YES NO

FOR CHECKING AND MONEY MARKET ACCOUNTS, ATTACH A VOIDED CHECK OR COPY THEREOF BELOW:

-VOIDED CHECK OR COPY THEREOF-

Clearing Member authorizes CME to act on its behalf by instructing the Bank designed above, to accept and act upon all credit and debit entries to the Account that are indicated by CME hereunder.

Clearing Member: _____

By: (please print) _____ Title: _____

Signature: _____ Date: _____

Please complete the attached W-9 form and submit with this Clearing Member participation form.

