

ACH / DIRECT DEBIT REQUEST FORM



Direct Debit Authorization Agreement

To make ACH direct debit deposits, fully complete and sign this ACH Request Form. ACH requests are processed within one (1) business day of receipt of this form via **FAX to 1.908.731.0747**.

Authorization Agreement for Preauthorized Payments

I (we) hereby authorize GAIN Capital ("Company") to instruct my financial institution (bank) to make & receive payments from the account listed below. The authority remains in effect until the Company has received written notification from me of termination in time to allow reasonable opportunity to act on it, or until the Company has sent me written notice of termination of this agreement.

This form must be fully completed including full address, P.O. Boxes not accepted. GAIN Capital will not be held responsible for delays caused by incorrect/incomplete information provided by the customer.

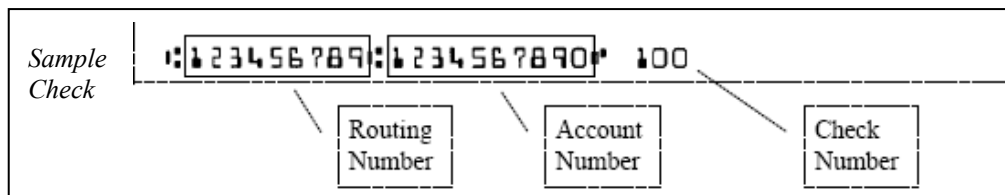
Debit Amount in US\$: _____

GAIN CAPITAL ACCOUNT INFORMATION

Date _____
Customer Name _____
GAIN Capital Account # (or "New Acct") _____
Mailing Address (No PO Boxes) _____
City, State, Country _____
Telephone Number _____

FINANCIAL (BANK) INSTITUTION INFORMATION

Bank Name _____
Name on Bank Account _____
Nine-Digit ABA/Bank Routing # _____
Bank Account Number _____
Account Type Checking Savings



Customer and bank account information MUST match the information provided on your original account application. Due to U.S. federal laws, we will only ACH funds from the bank account of record. GAIN Capital will not make or receive payment via third party.

Customer Signature **X** _____

Please fax ACH/Direct Debit requests to 1.908.731.0747