

AUTHORIZATION FOR PAYMENT OF ADVISORY/MANAGEMENT FEES

Effective 9/2018

CNB Account Number \_\_\_\_\_ Account Name \_\_\_\_\_

To: Community National Bank

I authorize Community National Bank (CNB) to pay all fee invoices related to my CNB account received from the above-named representative or their firm.

I understand and agree that Community National Bank has no responsibility to verify the validity or calculation of the advisory or management fees. I understand Community National Bank does not share in the revenue generated by such fees.

I hereby indemnify and hold harmless Community National Bank, its directors, officers, and employees from any and all liabilities and/or costs, including but not limited to, reasonable attorney fees which may be incurred by relying upon the representations of my designated representative or their firm.

## *This authorization directs Community National Bank to deduct investment advisory/management fees from my account as instructed by my designated representative or their firm.*

X		
	Signature of Account Owner	Date
X		
	Signature of Additional Account Owner	Date