

**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 (BPS) System:

Financial Institution _____

Branch Name _____

Specific Address of Branch _____

Bank Contact Person _____

Exact Account Name _____

Telephone _____

Check one: Savings _____ Checking _____ Money Market _____

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-

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Clearing Member Firms authorizes CME Group to act on its behalf by instructing the Bank designated 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 _____ Date _____