

a series of the Stewart Capital Mutual Funds

PAYROLL DEDUCTION DIRECT DEPOSIT AUTHORIZATION FORM

Use this Form to either establish a new Direct Deposit Plan or to make changes to your existing plan. Please note that you must establish your Stewart Capital Mutual Funds account prior to making your first Direct Deposit purchase. Once completed, please forward this Form to your payroll department. In most cases, deposits will be credited to your Stewart Capital Mutual Funds account the next business day after the amount is received in good order by the Fund's Transfer Agent. Confirmations will be sent after each investment. IRA contributions apply as a current year purchase. Purchases may not be used for prior year contributions. For assistance, please call 877.420.4440 between 8:00 a.m. and 8:00 p.m. Eastern Time, Monday through Friday.

1 Employer Information (Please Print or Type.)

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E	mployer Name						
-	and an a bid and	Co.	Charles	710			
E	mployer Address	City	State	ZIP			
Ē	mployer Telephone Number						
2	Employee Information (Please Print or Type.)						
Ē	mployee Name (first, middle, last)	Social Security or Employee ID Number					
D	aytime Telephone	Evening Telephone					
3	Amount of Direct Deposit						
C	Yes, I want Direct Deposit and I hereby authorize my employer to make periodic payments of the amount specified below into my account listed in Section 4.						

The amount to be invested into my Stewart Capital Mutual Funds account should be \$ ______ per salary period.

4 Account Information

Please fill in your Account Number in the space provided below. The account number must be 10 digits in length. Please enter your account number, adding zeros prior to the number, to create the 10 digit account.

Stewart Capital Mid Cap Fund

101000695	327	0340		
Routing Number	Institution Number	Fund Number	Account Number	

5 Signature

I authorize my employer to automatically deduct from my paycheck the amount specified in Section 3 and to transmit that amount to the Stewart Capital Mutual Funds account number specified in Section 4. Any changes to my Direct Deposit plan must be made in writing to my employer. It is the sole responsibility of my employer to arrange for all transactions.

Employee Signature

Date

6 Instructions to Your Employer

Your employee has an account with the Stewart Capital Mutual Funds and with this Form is authorizing you to establish a Direct Deposit plan to his/her account. Please note the following:

- If you substitute your Form for this one, be sure that all information in Section 4 is included in your instructions to your payroll system.
- The employee's Stewart Capital Mutual Funds account should be coded as a checking account for ACH purposes.
- This Form should be retained by your payroll department to document your employee's authorization.