

# ACH AUTHORIZATION AGREEMENT

Please complete the following fields to begin the electronic transfer of funds between your Pershing brokerage account and the account with your financial institution. You may begin depositing funds into your brokerage account from your financial institution or send payments to your financial institution account from your brokerage account up on approval. All transactions are processed through the Automated Clearing House (ACH) system.

## I. ACCOUNT INFORMATION (Required)

ACCOUNT NUMBER:     -       ACCOUNT TITLE: \_\_\_\_\_

## II. INSTRUCTIONS (Select Only One Option)

- Set up new instructions. (Complete Sections III & IV, also complete Section V for Retirement Contributions. Original voided check is required.)
- Replace existing instructions. (Complete all applicable sections. Original voided check is required if changing bank information.)

## III. TYPE OF REQUEST (Select All that Apply)

### A. STANDING INSTRUCTIONS – AD-HOC (This option allows for present or future transfers into and out of your brokerage account.)

- Transfers INTO and/or OUT of my account (Proceed to Section VI, complete and sign.)

### B. PERIODIC CONTRIBUTIONS/DISTRIBUTIONS (SELECT ONE OPTION BELOW THEN PROCEED TO SECTION V & VII, COMPLETE AND SIGN.)

- Periodic contributions INTO my brokerage account (Deposit) (For retirement accounts, also indicate a contribution type in Section VI.)
- Periodic distributions OUT of my brokerage account (Pay Principal)
- Periodic Income distributions OUT of my brokerage account (Pay Income)
- Periodic purchase of mutual funds (SRS) (ACH is contingent upon the execution of periodic mutual fund purchases.)

NOTE: An IRA or QRP Distribution form is required for distributions out of retirement accounts.

## IV. AMOUNT AND START DATE (Required. Select a dollar amount and start date.)

Amount: \$ \_\_\_\_\_ Start date (MM/DD/YY) \_\_\_\_\_

## V. FREQUENCY (Select One Option Only.)

- Monthly – Occurs every month  Quarterly – Occurs every 3 months
- Semi-monthly – Occurs twice a month  Semi-annually – Occurs twice a year
- Bi-monthly – Occurs every other month  Annually – Occurs once a year

NOTE: When selecting Semi-monthly, the beginning date must be between the 1<sup>st</sup> and the 16<sup>th</sup> of the month.

## VI. CONTRIBUTION TYPE (For Applicable Pershing Retirement Accounts Only)

Contribution type (Select only one)

- Participant current year  Employer current year  Employer prior year
- Employee deferral current year  Employee deferral prior year  Employer matching current year
- Employer matching prior year  Qualified matching  Qualified non-elective
- Voluntary after tax

## VII. BANK AND OTHER FINANCIAL INSTITUTION ACH INFORMATION (Required)

BANK/FINANCIAL INSTITUTION NAME \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_ ABA NUMBER \_\_\_\_\_

ACCOUNT TYPE:  Checking  Savings



I (we) hereby authorize Pershing LLC to initiate credit/debit entries to the financial institution indicated in Section IV and further authorize my (our) financial institution to debit the same to such account.

This authority is to remain in full force and effect until Pershing Advisor Solutions LLC has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Pershing Advisor Solutions LLC and my (our) financial institution a reasonable opportunity to act on it. It is understood that if the period purchase of mutual funds is selected as a contribution type, this agreement authorizes payment for purchasing securities through my investment professional or financial organization via the systematic reinvestment system (SRS).

**Be sure to attach an original voided check (no photocopies). All registered owners on your brokerage account and U.S. bank, credit union or other financial institution account must sign below as per the attached voided check.**

<b>John Doe</b> 123 Anywhere St. Anytown, NY		<b>100</b>
Pay to the Order of _____		\$ <span style="border: 1px solid black; display: inline-block; width: 60px; height: 15px;"></span> DOLLARS
MY BANK USA Memo: _____		
<span style="border: 1px solid black; padding: 2px;">: 123456789</span>	<span style="border: 1px solid black; padding: 2px;">: 12345678910</span>	<span style="border: 1px solid black; padding: 2px;">  -0100</span>
↓ <b>Bank Routing Number</b>	↓ <b>Checking Account Number</b>	↓ <b>Check Number</b>

**VIII. SIGNATURE (Required)**

PRINT:	SIGN:	DATE:
PRINT:	SIGN:	DATE:
PRINT:	SIGN:	DATE:
PRINT:	SIGN:	DATE:
PRINT:	SIGN:	DATE:
PRINT:	SIGN:	DATE:

**NOTES:** For business accounts, supporting documentation confirming the signature authority on the account is required.

If the name on your attached voided check does not match the name on your Pershing brokerage account, please complete the ACH Authorization One and the Same Letter on the next page and have your signature notarized. Examples would include – a last name change due to marriage or divorce or use of your initials instead of your full name.

