



ACH Setup Instructions

Questions? Call 1-877-696-6747

Instructions: Complete this form only if you would like the MOSIP Client Services Group to **add or remove** ACH instructions for your Entity. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. Your new ACH instruction may take the MOSIP Client Services Group up to 24 hours to verify and set up on your Account. Please take this into consideration when requesting a transaction. The ACH instructions and authorized signature below permit MOSIP, per your direction, to move money to the institution designated below from MOSIP or from the institution designated below to MOSIP. **If the bank Account listed below has ACH filters, please contact your bank to authorize MOSIP to process ACH transactions against your bank Account.**

INVESTOR INFORMATION: (Please enter your Entity's name and Tax Identification Number.)

Investor Name: _____
(Name that appears on Program records)

TIN: _____
(Taxpayer Identification Number)

INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (* = Required fields)

ACTION TYPE:

Add Remove

BANKING INFORMATION:

*Bank Name: _____

*Bank Account #: _____

*ACH ABA or Routing #: _____

*Legal Account Owner: _____

Addenda Information: _____

Nickname: _____

(Unique name to identify this instruction)

*Bank Account Type: Checking Savings

Please add/remove the above instructions to/from the Account(s) listed below: (Please list the specific MOSIP Account(s) below.)

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

TRANSACTION REQUEST: (Complete this section to initiate a transaction using the new instructions above. Transactions may take 24 hours to process.)

MOSIP Account #: _____

Transaction Date: _____

Transaction \$ Amount: _____

Transaction Type: Purchase (Move Programs to the Program Account listed.)
Redemption (Move Programs from the Program Account listed.)

SIGNATURE: (Please have a Contact per Program records who is authorized to update banking instructions sign below.)

Authorized Signature _____

Date _____

Phone # _____

Print or Type Name of Authorized Signatory _____

Title/Position _____

Email Address _____

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click Secure Contact
Users Only Select file to upload - Send message

FAX TO: MOSIP Client Services Group
1-888-535-0120

MAIL TO: MOSIP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108

PROGRAM USE ONLY	
V2022.07	INITIALS
Processed	
Confirmed	