

Instructions: Complete this form **ONLY** if you would like the MOSIP Client Services Group to **add/remove** ACH instructions for your Entity. After completion, fax this form to the MOSIP Client Services Group at **1-888-535-0120**.

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 Taxpayer Identification Number.)

 Investor Name: _____ TIN: _____
(Taxpayer Identification Number)
INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (* = Optional fields)

ACTION TYPE:

ADD REMOVE

BANKING INFORMATION:

Bank Name: _____	Bank Account #: _____
ACH ABA or Routing #: _____	Account Name: _____
*Addendum Details: _____	*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. _____	11. _____	16. _____
2. _____	7. _____	12. _____	17. _____
3. _____	8. _____	13. _____	18. _____
4. _____	9. _____	14. _____	19. _____
5. _____	10. _____	15. _____	20. _____

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: _____		
\$ Amount: _____	Transaction Type:	Purchase	(Move funds to the MOSIP account listed)
		Redemption	(Move funds from the MOSIP account listed)

SIGNATURE: (Please have a Contact authorized per Program records sign below.)

 Authorized Signature

 Date

 Phone #

 Print or Type Name of Authorized Signatory

 Title/Position

 Email Address

Any document received by email will not be accepted. Please send by fax or mail.

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

MAIL TO: MOSIP Client Services Group
 P.O. Box 11760
 Harrisburg, PA 17108-1760

PROGRAM USE ONLY

V2015.12	DATE	INITIALS
Processed		
Confirmed		