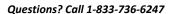
ACH Setup Instructions





<u>Instructions</u>: Complete this form only if you would like the NCIP 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 NCIP 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 NCIP, per your direction, to move money to the institution designated below from NCIP or from the institution designated below to NCIP. If the bank Account listed below has ACH filters, please contact your bank to authorize NCIP to process ACH transactions against your bank Account.

PARTICIPANT INFORMATION: (Please enter your Entity's name and Tax Identification Number.)			
Participant Name:	ame that appears on Pool records)	TIN:(Taxpayer Identification Number)	
INSTRUCTION DETAIL: (Please select an action type and co)	
ACTION TYPE: Add Remove BANKING INFORMATION: *Bank Name: *ACH ABA or Routing #: Addenda Information: *Bank Account Type: Checking Saving Please add/remove the above instructions to/from 1. 2. 3. 4.	*Bank Account #: *Legal Account Owner: Nickname: ngs m the Account(s) listed below: (Please list the	(Unique name to identify this instruction) specific NCIP Account(s) below.)	
5	10	<u> </u>	
TRANSACTION REQUEST: (Complete this section to initial	te a transaction using the new instructions above. Transac	tions may take 24 hours to process.)	
NCIP Account #: Transaction \$ Amount:	Transaction Type: Purchase	(Move funds <u>to</u> the NCIP Account listed.) on (Move funds <u>from</u> the NCIP Account listed.)	
SIGNATURE: (Please have a Contact per Pool records who is authorized to update banking instructions sign below.)			
Authorized Signature Print or Type Name of Authorized Signatory	Date Title/Position	Phone # Email Address	
3 The Hame of Hathorized Signatory		2	

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 FAX TO: NCIP Client Services Group Existing Connect Click Secure Contact 1-888-535-0120 P.O. Box 11813 Users Only Select file to upload - Send message Harrisburg, PA 17108

POOL USE ONLY		
V2021.04	INITIALS	
Processed		
Confirmed		