

# Apex Clearing Automated Clearing House (ACH) Agreement

_____ Branch _____ Account Number _____ T _____ C _____	CORRESPONDENT AUTHORIZED REP SIGNATURE  _____ _____
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I/We hereby authorize Apex Clearing Corporation to transfer funds to/from my/our (select one)  **Checking**  **Savings** account at the depository bank listed below. I/We agree that transactions sent/received through the NACHA system will be subject to all applicable rules of such clearing house and rules set forth in Federal Reserve Operating circulars. I/We understand that any ACH transaction is provisional. If final payment is not received by the beneficiary bank for a payment order transferred through ACH, the beneficiary bank is entitled to recover from the beneficiary any provisional credit and Apex may charge the customer's account for the transaction amount. I understand that the ACH activation may take 3 business days from the date of receipt of these instructions. I understand that recurring transfers, if applicable, will occur no later than the next business day, assuming funds availability. I understand that funds must be readily available in my securities account or there is a possibility the ACH will be delayed or bounced. Additionally, Apex may or may not notify me of returned or rejected ACH transfers.

ACCOUNT TITLE (Please Type or Print)  _____	NAME OF BANK  _____
9 DIGIT ABA NUMBER  _____	BANK ACCOUNT NUMBER  _____

**Electronic Transfer Options** (Please check all that apply to establish your ACH profile)

Remit Income Distributions (Dividends and Interest) to my bank account Weekly (\$100 minimum)    Monthly (no minimum)	I will authorize a debit or credit to my account "On Demand" (no minimum) Debit my bank account on a regular basis according to the following schedule.															
Transfer funds to my bank account on a regular basis according to the following schedule																
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">AMOUNT</td> <td style="width: 35%;">FREQUENCY OF TRANSFER</td> <td style="width: 15%;"></td> <td style="width: 15%;">AMOUNT</td> <td style="width: 20%;">FREQUENCY OF TRANSFER</td> </tr> <tr> <td>\$ _____</td> <td style="text-align: center;"> <input type="checkbox"/> <b>Semi-annually</b>    <input type="checkbox"/> <b>Quarterly</b>    <input type="checkbox"/> <b>Annual</b> </td> <td></td> <td>\$ _____</td> <td style="text-align: center;"> <input type="checkbox"/> <b>Semi-annually</b>    <input type="checkbox"/> <b>Quarterly</b>    <input type="checkbox"/> <b>Annual</b> </td> </tr> <tr> <td></td> <td style="text-align: center;"> <input type="checkbox"/> <b>Monthly</b> Day of Month _____                 </td> <td></td> <td></td> <td style="text-align: center;"> <input type="checkbox"/> <b>Monthly</b> Day of Month _____                 </td> </tr> </table>	AMOUNT	FREQUENCY OF TRANSFER		AMOUNT	FREQUENCY OF TRANSFER	\$ _____	<input type="checkbox"/> <b>Semi-annually</b> <input type="checkbox"/> <b>Quarterly</b> <input type="checkbox"/> <b>Annual</b>		\$ _____	<input type="checkbox"/> <b>Semi-annually</b> <input type="checkbox"/> <b>Quarterly</b> <input type="checkbox"/> <b>Annual</b>		<input type="checkbox"/> <b>Monthly</b> Day of Month _____			<input type="checkbox"/> <b>Monthly</b> Day of Month _____	
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Please note that an IRA distribution form is required for ACH disbursements and Deposits to an IRA will be coded as current year contributions																

This authorization shall remain in full force and effect until I/we revoke authorization by written notification to my/our broker who is obligated to notify Apex Clearing Corporation. I/We understand that Apex Clearing Corporation has the right to terminate or suspend the ACH agreement at any time and is not required to notify my/our broker. I/We agree to hold Apex and their agents free of liability for their compliance with these instructions.

PRIMARY ACCOUNT OWNER NAME (please print)  _____	JOINT ACCOUNT OWNER NAME (please print)  _____
ADDRESS  _____	ADDRESS  _____
CITY/ STATE/ ZIP CODE  _____	CITY/ STATE/ ZIP CODE  _____
CUSTOMER SIGNATURE ▷ _____	JOINT ACCOUNT SIGNATURE ▷ _____
DATE  _____	DATE  _____

**If you are linking your brokerage account to a checking account at your bank, please attach a voided check to this area.**  
**If you are linking your brokerage account to a savings account at your bank, please provide a recent bank statement OR an official letter from your bank.**



**PLEASE RETAIN A COPY FOR YOUR RECORDS**