LPL Financial

Move Money - ACH (Non-Retirement)

Instructions: Use this form to have LPL credit and/or debit your bank checking or savings account through the Automated Clearing House (ACH) system. **LPL will not honor 3rd party requests. Only one set of banking instructions can be used for ACH on demand. Blank** v**oided check**, **bank statement** or **letter on bank letterhead** signed by the bank officer stating the registration, ABA number and bank account number are required as supporting documentation. **Starter checks and/or deposit slips are not acceptable.**

Fax the completed form with supporting bank document to the Money Desk (858) 202-8320.

LPL Account Number	Rep ID/Associated Person ID	Account Registration

ACH Transfer Frequency

1.

◯ **New On Demand Request** ◯ **Update to Existing On Demand Request** ◯ **Alternative Instructions**

All ACHs are subject to be established with both credit and debit On Demand instructions. If you wish to decline On Demand instructions, please mark here:

◯ **Decline ACH Credit On Demand ($ out of LPL account)** ◯ **Decline ACH Debit On Demand ($ into LPL account)**

2.

◯ **New Periodic Request** ◯ **Update to Existing Periodic Request**

Select the type of transaction versus the bank account listed below (select one) **:**

◯ **Credit ($ out of LPL account)** ◯ **Debit ($ into LPL account)**

Amount of Periodic Request

$ _____ **OR for income distributions only** (check all that apply) **:**

◯ Dividends ◯ Interest* ◯ Capital Gains ◯ Partnership Distributions ◯ Redemptions ◯ Principal Payments

***ICA interest is not available for income distributions.**

Frequency of Distributions (select one):

◯ Weekly ◯ Monthly ◯ Annually
◯ Semi-Monthly ◯ Quarterly ◯ Semi-Annually

First Distribution Date _____ MM / DD / YYYY

Last Distribution Date (if applicable) _____ MM / DD / YYYY

ACH Bank Account Information

3.

Bank Name _____

Bank ABA Transit/Routing Number (verify with bank before submitting) _____

This account is (select one) ◯ Checking ◯ Savings

Bank Account Number (DDA) _____

Account Registration _____

4.

Authorization form must be signed by all account holders, authorized corporate officers or the outside custodian.

I/We hereby authorize LPL Financial LLC (LPL) to initiate debit or credit entries and to initiate, if necessary, adjustments to such bank account indicated above.

This authority is to remain in full force and effect until LPL has received notification from me *(or either of us)* of its termination in such time and in such manner as to afford LPL and the bank a reasonable opportunity to act upon it.

Client Signature	Client Name (print)	Date

Client Signature	Client Name (print)	Date

Validation of Client Signature

My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine. I agree for myself, my successors, assigns, heirs, executors, and my administrators to at all times indemnify and hold harmless LPL Financial LLC (LPL) and all LPL staff and third party providers, acting as Authorized Agents of LPL, from and against any and all claims, losses, liabilities, taxes, damages, actions, charges and expenses including attorney fees resulting from LPL's compliance with this request.

Financial Advisor Signature	Financial Advisor Name (print)	Date