ACH Setup Instructions

Questions? Call 1-877-466-4523

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

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

CSGV2022.04

Investor Name: _____ **TIN:** ___-___

(Name that appears on Fund records) (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 MILAF+ 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.)*

MILAF+ Account #: _____ Share Class: ☐ Cash Management

Transaction Date: _____ ☐ MAX

Transaction $ Amount: _____ Transaction Type: ☐ Purchase *(Move funds to the Fund Account listed.)*

☐ Redemption *(Move funds from the Fund Account listed.)*

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

✕ *Please print form and sign with blue or black ink.*

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	**FAX TO:**	MILAF+ Client Services Group	**MAIL TO:**	MILAF+ Client Services Group
Existing Connect	Click ✉ Secure Contact		1-888-535-0120		P.O. Box 11760
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

Print Form

Clear Form