

VIP Services: (888) 855-9856 | info@trustprovident.com
7450 Arroyo Crossing Parkway, Suite 230, Las Vegas, NV 89113

Section 1 Account Owner Information

First Name MI Last Name

Email Last Four Digits of Social Security Number Account Number

Section 2 Banking Information *(Account ACH is coming out of)*

Bank Name Bank Phone

Street Address City State Zip

Routing Number Bank Account Number

Name on Bank Account Account Type
 Business Checking Personal Checking Savings

Section 3 ACH Contribution/Deposit Processing

New Instructions or Additional Setup
 Change or Replace Existing Payment \$
 Stop or Cancel Existing Payment \$

Section 4 Contribution Frequency

All ACH deposits will be initiated within three business days of the date selected below, from the bank account listed above. This processing time varies based on your financial institution.

Select one

Monthly Contributions

To Begin On:
 1st or 15th
Month

Amount

Quarterly Contributions

To Begin On:
 1st or 15th
Month

Amount

Section 5

Type and Information

If you are attempting to roll over funds, please complete a Rollover Contribution form.

Complete Option 1 OR Option 2 below.

Option 1: Contribution to IRA or Retirement Plan

Complete the contribution amount, tax year, and indicate the type of contribution being made.

Contribution Amount \$ Tax Year



If no tax year is indicated, the contribution will be made for the current year

Traditional IRA Contribution

SIMPLE IRA

Individual 401(k) Plan

Roth IRA Contribution

Elective Deferral

Elective Deferral

SEP Contribution

Employer Contribution

Employer Contribution

Designated Roth 401(k) Elective Deferral

Option 2: Asset Payment

(Please complete asset name and select a sub-option)

Asset Name:

Rental or Property Income

\$

Return of Principal

\$

Sale or Maturity Proceeds

\$

Interest

\$

Loan Payment

Earnings

\$

Interest \$

Principal \$

Other

\$

Section 6

Account Owner Agreement and Authorization

Important: Please read before signing.

- This authorization must be written and signed by the Account Owner.
- The Account Owner must receive a copy of the authorization.
- The custodian will retain the authorization for at least two years following the revocation of the authorization. The custodian must be able to produce a copy of the authorization on demand from the originating depository financial institution, or from the account owner.
- The authorization must be readily identifiable as an ACH authorization (either debit or credit) and must clearly and conspicuously state its terms.
- The authorization must state the manner in which the authorization may be revoked and must specify that the receiver may revoke the authorization only by notifying the originator in the manner specified on the authorization form.

I hereby authorize the custodian, through its depository bank, to electronically draft via the Automated Clearing House (ACH) system the amounts indicated above from the account identified above. The authorization is to remain in full force and effect until the custodian has received written notification from me of its termination in such time and in such manner as to afford the custodian a reasonable opportunity to act on it. I hereby certify that the custodian is duly authorized to execute this form on my behalf. I acknowledge that I will be subject to a rejection fee, if items are returned for insufficient funds. The custodian may verify the bank information provided. Any incorrect or incomplete information may delay the request.

X

Account Owner Signature

Date (mm/dd/yyyy)

X

Bank Account Owner Signature

Bank Account Owner Name (Please type or print)

Date (mm/dd/yyyy)

Congratulations! You are now able to submit your completed request.

Before you submit this form please review all completed information prior to signing. When ready, mail, email, or fax this completed form to:

Mail to: Provident Trust Group
P.O. Box 123
Fort Washington, PA 19034

Email to: deposits@trustprovident.com

Fax to: (702) 253-7565