



PENSCO TRUST COMPANY

Please return by:

Fax: 415-956-3016

Regular Mail:

P.O. Box 26903
San Francisco, CA
94126-6903

Overnight Delivery Only:

450 Sansome Street, Fl. 14
San Francisco, CA
94111-3306

ACH Debit Instructions

www.penscotrust.com
800-969-4472

Use this form to authorize PENSCO to debit your checking or savings Account via ACH for payments (investment dividends or interest payments, etc.) to be applied to one or more PENSCO client Accounts.

1. Submitter's Information

Firm Submitting Request: _____

Contact Name: _____ Contact Phone #: _____

Address: _____ City: _____ State: _____ Zip Code: _____

2. Investment Information

Name of Investment (i.e., name of asset if LLC, LP or C-Corp, see checklist for real property or notes) _____

PENSCO Asset ID (if known): _____

3. Accounts and Amounts

IMPORTANT: If listing more than three accounts, please attach a corresponding spreadsheet.

Purpose of Payment

e.g., "Dividend", "Principal", "Interest", "Rental Income", etc.

If applying both Principal and Interest payments, please complete a separate line item for each.

	Accountholder's Name	Account #	Amount	Purpose of Payment
1				
2				
3				
4				
5	Total Amount: (Add lines 1 - 4 or enter total from the attached spreadsheet.):		\$	

4. ACH Instructions

 Note: An ACH Debit Authorization form must be on file at PENSCO for the following account.

ABA/Routing #: _____

Bank Account #: _____

Other Instructions: _____

5. Authorization

I agree to release, indemnify, defend, and hold PENSCO Trust harmless for any claims arising out of this/these payment(s). This includes, but is not limited to, claims that this/these payment(s) is/are not prudent, proper, legal, or diversified. I also understand and agree PENSCO Trust will not be responsible to take any action should the investment noted herein become subject to default, including fraud, insolvency, bankruptcy, or other court order or legal process. These instructions are further subject to all terms and conditions of the accountholder's Custodial Agreement within PENSCO Trust and all applicable State and Federal laws.

Printed Name of Authorizing Party _____

 _____ Date _____
Signature (Required)