



Account Number _____
Rep ID _____ Alternate Branch U20

ELECTRONIC FUNDS BANKS AND TRANSACTIONS SET-UP FORM

CLIENT INFORMATION

Name and Address _____

BANK ACCOUNT INFORMATION

Attach voided copy of check (not deposit ticket)

Bank Name _____

Account Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account Number	Transit/Routing Number

Dividends/Interest – You will begin receiving payments via ACH. Processing of ACH Dividends/Interest payment is contingent on Name and Address coding.

ELECTRONIC FUNDS/PAYMENTS TO BE ADDED

The section below is NOT for Retirement Distributions; you must use the Retirement Distribution form.

Transaction Information			This transaction is: <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing
Start Date	End Date	Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual
Transaction Information			This transaction is: <input type="checkbox"/> Incoming <input type="checkbox"/> Outgoing
Start Date	End Date	Amount \$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannual <input type="checkbox"/> Annual

ON-DEMAND TELEPHONE AUTHORIZATION

By initialing, the client indicates that a telephone (on-demand) authorization has been designated for this account. Authorized persons are permitted to transfer, deposit or pay money from or to this account in varying amounts on the basis of instruction provided solely over the telephone. This is not available for certain retirement accounts.

SIGNATURES

RBC Correspondent Services, a division of RBC Capital Markets Corporation ("RBC CS"), member NYSE/FINRA/SIPC, is authorized to initiate credit or debit entries to the bank account identified above. The bank identified in this authorization will accept such credit or debit entries to the specified account, without responsibility for the corrections thereof or the existence of any subsequent authorization relating thereto. This new deposit/transfer will start within thirty (30) days of the applicable notice or on the given start date (whichever is later) and will remain in effect until the given end date or another date selected by the client. The authorization may be changed or canceled by giving the RBC CS Operations Department written notice fifteen (15) days in advance of the effective date of such change or cancellation. I also understand that scheduled payments to a bank account may vary in amount depending on the amount of dividends and/or interest available in the RBC CS account, and any prior notice of such a variation is waived.

- I understand that my use of ACH Services is subject to the terms and conditions of the Customer Authorization and Agreement for Electronic Funds Deposits/Payments (Automated Clearing House) Services and Disclosure (the "Agreement").
- I have received and reviewed a copy of the Agreement.

The Agreement has not been amended, altered or revised in any way by me, and I agree to be bound by, and to comply with, its terms and conditions in their entirety.

Client Authorized Signature	Date	Client Authorized Signature	Date
Print Name from Signature Above		Print Name from Signature Above	

RBC CS is entitled to rely upon the information provided in this form until written notice of its revocation is delivered to us. If distribution falls on a weekend or bank holiday, the transaction will be processed the prior business day.