## FirstSouthwest

## **ACH TRANSFER AUTHORIZATION**

To Financial Advisor:		Email:	
Address:		Fax:	
City/State/Zip:		Phone:	
slip for the purpose of ACH tra		understand the banking inst	ation designated on the attached check or deposit ructions must be tested prior to the movement of will not be moved via this method.
			tution for account verification. Please verify with ctions prior to submitting this request.
Please check one of the follow	wing instructions:	ions   Change to existing	ng instruction   Cancel ACH Instructions
I wish to have transferred:	To my First Southwest Account (incomin	ng) 🗖 To my Bank Accoun	t (outgoing)
Specific Amount: \$ _			
Frequency:	□ Weekly		_ Day of Week
	□ Monthly		_ Day of Month
	☐ Semi-monthly	<u> </u>	_ Days of Month
	□ Quarterly	<u> </u>	Month & Day (begin)
	☐ Semi-annually	&	_ Month & Day (begin)
	□ Annually	<u> </u>	Month & Day (begin)
I wish to have transferred to	my Bank Account:		
	, I Principal □ Redemption/Mat	urities	
Frequency:	☐ Daily		
1 /	√ Weekly		_ Day of Week
	✓ Monthly		Day of Month
	•	&	·
		&	
		&	· -
		<u> </u>	
choice(s) above. I understan		main in effect until I resci	ceive funds on demand and per my designated nd them by providing a letter of instruction in ansaction.
Customer Signature		Customer Signatur	re
First Southwest Company - Account Number		Date	
ACH Transfer Authorization - OPS061482			