



# 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/remove** ACH instructions for your Entity. After completion, fax this form to the MILAF+ Client Services Group at **1-888-535-0120**.

**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 the Investor's name and Tax Identification Number.)

**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.) (\* = Optional fields)

### ACTION TYPE:

ADD REMOVE

### BANKING INFORMATION:

Bank Name: \_\_\_\_\_ Bank Account #: \_\_\_\_\_  
ACH ABA or Routing #: \_\_\_\_\_ Account Name: \_\_\_\_\_  
\*Addendum Details: \_\_\_\_\_ \*Nickname: \_\_\_\_\_  
Bank Account Type: Checking Savings (Unique name to identify this instruction)

**Please add/remove the above instructions to/from the account(s) listed below:** (Please list the specific MILAF+ account(s) below.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## TRANSACTION REQUEST: (Complete this section to initiate a transaction using the new instructions above. Transactions may take 24 hours to process.)

MILAF+ Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
\$ Amount: \_\_\_\_\_ Transaction Type: Purchase (Move funds to our MILAF+ account)  
Share Class: Cash Mgmt. MAX Redemption (Move funds from our MILAF+ account)

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

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_  
Print or Type Name of Authorized Signatory \_\_\_\_\_ Title/Position \_\_\_\_\_ Email Address \_\_\_\_\_

**Any document received by email will not be accepted. Please send by fax or mail.**

**FAX TO:** MILAF+ Client Services Group  
1-888-535-0120

**MAIL TO:** MILAF+ Client Services Group  
P.O. Box 11760  
Harrisburg, PA 17108-1760

### FUND USE ONLY

V2015.10	DATE	INITIALS
Processed		
Confirmed		