

# ACH Debit Authorization

## PENSCO'S DIRECT PAYMENT PLAN

Use this form to authorize PENSCO Trust Company (PENSCO) to debit your firm's checking or savings account in order to make payments to one or multiple PENSCO accounts. The authority you give PENSCO to charge your account will remain in effect until you notify us in writing to terminate this authorization. On the first page, fill in the information regarding your account. On the second page, fill in information about the third party. **NOTE:** An authorized signer on your bank account must sign page 2.

1 INVESTMENT INFORMATION
INVESTMENT NAME (I.E. NAME OF ASSET. IF LLC, LP OR C-CORP, SEE REAL PROPERTY OR NOTES CHECKLISTS)
PENSCO ASSET ID (IF KNOWN)

## ACCOUNTS & AMOUNTS

If listing more than eight accounts, please attach a corresponding spreadsheet. Attach amortization schedule, if applicable.



	PENSCO ACCOUNT OWNER NAME	PENSCO ACCOUNT NO.	AMOUNT	PURPOSE OF PAYMENT <sup>1</sup>
1			\$	
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	
8			\$	

<sup>1</sup> e.g. "Dividend," "Principle," "Interest," "Rental Income," etc.

## DEBIT DETAILS

Please ensure that sufficient funds are available on the desired debit date, which **CANNOT BE** the 29th, 30th or 31st of the month. Your Financial Institution may not process the transaction if sufficient funds are not available and PENSCO will not request the funds again until the following debit date. Cancellation of recurring debits must be submitted in writing. Modification of an existing recurring debit must be updated using this form.

Frequency:    Monthly    Quarterly    Other    One-Time: 

MM	DD	YYYY
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Date of month to debit your account: 

DD
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Date to begin debit: 

MM	DD	YYYY
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End date (if applicable): 

MM	DD	YYYY
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## 2 AUTHORIZING PARTY INFORMATION

FIRM NAME

CONTACT NAME

CONTACT PHONE NO.

## 3 ACH AUTHORIZATION

I, \_\_\_\_\_ (*bank account holder*) authorize PENSCO to initiate electronic debit entries to checking account (or) savings account held in the name of \_\_\_\_\_ (*firm's name*) for payments related to investments held within one or more PENSCO accounts. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

## 4 WHERE TO DEBIT ACH PAYMENTS

I want to:    Establish ACH            Change ACH

FINANCIAL INSTITUTION

CONTACT PHONE NO.

ACCOUNT NO.

ABA/ROUTING NO. (9 DIGITS)

## 5 TERMS & CONDITIONS

Please ensure that your bank account is enabled to accept our incoming ACH debit. If you employ ACH blocks or filters, your account information must be modified to accept PENSCO Trust Company (PENSCO) originated entries. PENSCO will employ a system of generating prenotification entries prior to initiating live transactions to your bank account. Your bank can use the information that they receive in the prenotification to insure that your account is correctly modified to accept live transactions.

I authorize PENSCO to (1) initiate debit entries to my account indicated above, and (2) to initiate reversals to my Financial Institution account of erroneous or duplicate entries and to credit such account as appropriate. This authorization will remain in full force and effect until PENSCO receives written notification from me of the service's termination. PENSCO must receive any such notification in a time and manner so as to give PENSCO and my Financial Institution a reasonable opportunity to act on it.

I agree to release, indemnify, defend and hold PENSCO and its related entities 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 and its related entities will not be responsible to take 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 Account Owner's Custodial Agreement within PENSCO and all applicable State and Federal laws.

BANK ACCOUNT OWNER SIGNATURE

DATE

PENSCO Trust Company performs the duties of an independent custodian of assets for self-directed individual and business retirement accounts and does not provide investment advice, sell investments or offer any tax or legal advice. Clients or potential clients are advised to perform their own due diligence in choosing any investment opportunity as well as selecting any professional to assist them with an investment opportunity. Alternative investments are not FDIC insured and are subject to risk, including loss of principal.

INVESTMENT PRODUCTS: NOT FDIC INSURED • NO BANK GUARANTEE • MAY LOSE VALUE

### Upload forms to:

[www.pensco.com/upload](http://www.pensco.com/upload)

Fax to: 303-614-7031

### Send mail to:

PENSCO  
P.O. Box 173859  
Denver, CO 80217-3859

### For express deliveries:

PENSCO  
1560 Broadway, Suite 400  
Denver, CO 80202-3331

### Questions?

Call 800-962-4238