

Client Information:

Client Name: _____ Client ID: _____

Beneficiary Information: (if different than Client Information)

Beneficiary Name: _____

Beneficiary Address (Street, City, Prov./State, Postal/Zip Code): _____

Type of PAD-EFT requested: (please check applicable box)

New PAD-ACH Change to existing PAD-ACH Cancel existing PAD-ACH

Payment Frequency:

Transactional – Deposits will be initiated in accordance with the transactions you authorize.

Beneficiary Bank Details:

U.S. Bank Name: _____

U.S. Bank Address (Street, City, State, Zip Code): _____

ACH Routing Number: _____ Account Number: _____ Currency: _____

ACH Routing Number: _____ Account Number: _____ Currency: _____

+ ⑆ 000000000 ⑆ ⑆ 000000000 ⑆ ⑆ 1025
9 Digit Routing No. Account No.

IMPORTANT: For a new PAD-ACH, or change to existing PAD-ACH request, void cheques or a direct deposit form from the corresponding financial institution **must** be attached. The supporting document must include:

- Account/Client Name
- Routing Number (9 digits); and
- Account Number in full