

Instructions: Use this form to have LPL credit your bank checking or savings account from your LPL account and/or debit your bank account to credit your LPL account through the Automated Clearing House (ACH) system. **All owners of the LPL account must sign this form and the original must be submitted: faxes are not acceptable.** LPL will not honor 3rd party ACH requests. **The title of the bank account must match exactly the registration of the LPL account.** For corporate accounts, a corporate resolution must accompany this authorization. **Attach an original voided check from the bank account to this original form** and mail it to LPL Attn: ACH, P.O. Box 509029 San Diego, CA 92150-9029. In lieu of an original voided check, a bank statement or a letter on bank letterhead signed by a bank officer stating the registration, ABA number and account number to be affected must be attached. **Starter checks and/or deposit slips are not acceptable. Please note: Only one set of banking instructions can be used for ACH On Demand.**

1.	LPL Account Number <input style="width: 100%;" type="text"/>	Rep ID <input style="width: 100%;" type="text"/>
Account Registration <input style="width: 100%;" type="text"/>		

2.	Bank Name <input style="width: 100%;" type="text"/>	Bank ABA Transit/Routing Number (verify with bank before submitting) <input style="width: 100%;" type="text"/>	
This account is (select one): <input type="radio"/> Checking <input type="radio"/> Savings		Bank Account Number (DDA) <input style="width: 100%;" type="text"/>	
Account Registration <input style="width: 100%;" type="text"/>			

3.	I/We have attached one of the following required bank documents: <input type="radio"/> Original voided check <input type="radio"/> Letter on bank letterhead <input type="radio"/> Bank-generated statement of account
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4.	These instructions are: <input type="radio"/> New Instructions <input type="radio"/> Update to Existing Instructions		
Frequency of transactions (select one): <input type="radio"/> Weekly <input type="radio"/> Semi-Monthly <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Semi-Annually <input type="radio"/> Annually <input type="radio"/> On Demand			
Date of First <input type="radio"/> Debit (Bank Account) <input type="radio"/> Credit (Bank Account)		End Date (if applicable)	Amount:
<input style="width: 100%;" type="text"/> <small>MM / DD / YYYY</small>		<input style="width: 100%;" type="text"/> <small>MM / DD / YYYY</small>	<input style="width: 100%;" type="text"/>
Select from the following for income distributions only* (check all that apply): <input type="radio"/> Dividends <input type="radio"/> Interest <input type="radio"/> Capital Gains <input type="radio"/> Partnership Distributions <input type="radio"/> Redemptions <input type="radio"/> Principal Payments			
<small>*ICA interest not available for income distributions.</small>			

5.	I/We hereby authorize LPL Financial Corporation (LPL) to initiate debit or credit entries and to initiate, if necessary, adjustments to such bank account indicated above.		
All ACHs are subject to be established with both credit and debit On Demand instructions. If you wish to decline On Demand instructions, please mark here:			
<input type="radio"/> Decline ACH Debit On Demand		<input type="radio"/> Decline ACH Credit On Demand	
This authority is to remain in full force and effect until LPL has received notification from me (or either of us) of its termination in such time and in such manner as to afford LPL and the bank a reasonable opportunity to act upon it.			
All owners of the LPL account must sign this form.			
_____ Client Signature			_____ Client Name (print)
_____ Client Signature			_____ Date
Validation of Client Signature My customer(s) is/are well known to me, and I validate that the signature(s) on the attached document is/are genuine. I agree for myself, my successors, assigns, heirs, executors, and my administrators to at all times indemnify and hold harmless LPL Financial Corporation (LPL) and all LPL staff and third party providers, acting as Authorized Agents of LPL, from and against any and all claims, losses, liabilities, taxes, damages, actions, charges and expenses including attorney fees resulting from LPL's compliance with this request.			
_____ LPL Financial Advisor Signature			_____ LPL Financial Advisor Name
			_____ Date