

# ACH AGREEMENT

## Authorization for Pre-Arranged (Debits) and Automatic Deposits (Credits)



萬通證券  
Univest Securities, Inc.

Select One:  New Profile  Amendment to Current Profile  Deletion of Current Profile

Branch _____ Account Number _____ T _____ C _____	INVESTMENT REPRESENTATIVE	BR MGR APPROVAL
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This will serve as authorization for Penson Financial Services, Inc. to establish Electronic Transfer Instructions to settle the purchase of securities ordered through my (our) brokerage firm by debiting my (our) account indicated below, to deposit the net proceeds on the sale of securities ordered through my (our) brokerage firm by crediting my (our) account indicated below or to credit dividends and/or interest received from securities held in my (our) brokerage account to my (our) bank account indicated below.

ACCOUNT TITLE (Please Type or Print)	NAME OF BANK	<input type="checkbox"/> Checking
9 DIGIT ABA NUMBER	BANK ACCOUNT NUMBER	<input type="checkbox"/> Savings
		<input type="checkbox"/> Money Market

### Electronic Transfer Options (Please check all that apply to establish your ACH profile)

<input type="checkbox"/> Remit Income Distributions (Dividends and Interest) to my bank account <input type="checkbox"/> Daily (\$250 minimum) <input type="checkbox"/> Weekly (\$100 minimum) <input type="checkbox"/> Monthly (no minimum)	<input type="checkbox"/> Transfer funds from my bank account to pay for securities purchases
<input type="checkbox"/> Transfer funds to my bank account when securities are sold	<input type="checkbox"/> I will authorize a debit or credit to my account "On Demand" (no minimum)
<input type="checkbox"/> Transfer funds to my bank account on a regular basis according to the following schedule	<input type="checkbox"/> Debit my bank account on a regular basis according to the following schedule
AMOUNT \$ _____ FREQUENCY OF TRANSFER <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Day of Month _____	AMOUNT \$ _____ FREQUENCY OF TRANSFER <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Monthly Day of Month _____

This authorization is to remain in full force and effect until Penson Financial Services, Inc., through my (our) brokerage firm, has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Penson Financial Services, Inc. and my (our) bank a reasonable opportunity to act on it. I also authorize you to accept debit or credit adjustments if required.

PRIMARY ACCOUNT OWNER NAME (please print)	JOINT ACCOUNT OWNER NAME (please print)
ADDRESS	ADDRESS
CITY/ STATE/ ZIP CODE	CITY/ STATE/ ZIP CODE
CUSTOMER SIGNATURE ▷	JOINT ACCOUNT SIGNATURE ▷
DATE	DATE

**If you are linking your brokerage account to a checking account at your bank, please attach a voided check to this area.**  
**If you are linking your brokerage account to a savings OR money market account at your bank, please provide a recent bank statement OR an official letter from your bank.**



PLEASE RETAIN A COPY FOR YOUR RECORDS