



Check Writing Authorization

Questions? Call 1-800-729-7665

Instructions: Complete this form to request the ability to redeem CAMP shares by check. After completion, please fax or mail this form to the CAMP Client Services Group at the fax number or address listed at the bottom of this form.

ACCOUNT INFORMATION: (Please fill this section out completely.)

Investor/Participant Name: _____ **TIN:** _____
(Name that appears on Program records) (Taxpayer Identification Number)
Account #/Name: _____ (If applicable, please list the Program account that the cleared checks should be posted to.)

PRINTING OPTIONS: (Please select one of the following options.)

Please order checks on our behalf. (Additional forms are required. Please complete an Order Form and fax it along with this document. You will be contacted by the Program with additional instructions.)
Please send us a Specification Sheet for our printer/software administrator. _____ Check starting number (If not provided, #101.)

ADDITIONAL SERVICES: (Please select any optional services that you may require. A fee is associated with each service provided.)

- Partial ARP:** (Account Reconciliation Plan) Provides a report each day that checks are paid. The report is in serial number order and is provided via hardcopy report, data transmission, or File Transfer Protocol (FTP). (Also indicates breaks in sequence.)
- Full ARP:** (Account Reconciliation Plan) Provides reports on all paid and outstanding checks each day that checks are paid. Requires an issue and void/cancel file from your Entity at least monthly. Reports also provide stop payments, canceled issues and miscellaneous debits and credits.
- Positive Pay:** Helps detect check fraud by electronically matching checks that are being presented to the checks your Entity has issued. Your Entity transmits a daily file of check issue information that the bank uses to compare serial numbers and dollar amounts. Positive Pay identifies any non-matching items and you then notify the bank to either pay or return the exceptions, by a daily cutoff time.
- Check Imaging:** Retrieve and review detailed images of paid checks.
- Direct Deposit of Payroll:** Transmit payroll electronically to employee bank accounts.
- Serial Check Sorting:** Canceled checks are returned to you in serial number order.

****Note:** You will be contacted by the bank with regard to documentation and implementation timeline. The Program does not cover the fees associated with each service provided. Your Entity will be charged monthly for these services.

CONTACT INFORMATION: (Please have a Contact, who is authorized to initiate purchases and redemptions of shares, sign and date this section.)

By signing below:

- I authorize the check order, additional services selected above and the imposition of any charges related to those services;
- I have received and reviewed the Information Statement; and
- I agree to be bound by the U.S. Bank N.A. Rules and Regulations as they apply to my U.S. Bank checking account. (This document will be provided to you by U.S. Bank N.A.)

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: CAMP Client Services Group 1-888-535-0120	MAIL TO: CAMP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760
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PROGRAM USE ONLY		
V2015.10	DATE	INITIALS
Processed		
Confirmed		