



ACH Setup Instructions

Questions? Call 1-800-729-7665

Instructions: Complete this form **ONLY** if you would like the CAMP Investor Support Services group to **add/remove** ACH instructions for your Entity. After completion, fax this form to the CAMP Investor Support Services group at **1-888-535-0120**.

Note: This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. You must notify the CAMP Investor Support Services group a minimum of one business day before the date you require the payment to be effective. The ACH instructions and authorized signature below permit CAMP, per your direction, to move money **to the institution designated below from CAMP or from the institution designated below to CAMP**. If the bank account listed below has ACH filters, please contact your bank to authorize CAMP to process ACH transactions against your bank account.

INVESTOR/PARTICIPANT INFORMATION: (Please enter your Entity's name and Tax Identification Number.)

Investor/Participant Name: _____ TIN #: _____
(Taxpayer Identification Number)

INSTRUCTION DETAIL: (Please select an action type and complete the detail instructions below.) (* = Optional fields)

ACTION TYPE:

ADD REMOVE

BANKING INFORMATION:

Bank Name: _____ Bank Account #: _____
ACH ABA or Routing #: _____ Account Name: _____
*Addendum Details: _____ *Nickname: _____
Bank Account Type: Checking Savings (Unique name to identify this instruction)

Please add/remove the above instructions to/from the account(s) listed below: (Please list the specific CAMP account(s) below.)

- 1. _____ 6. _____
- 2. _____ 7. _____
- 3. _____ 8. _____
- 4. _____ 9. _____
- 5. _____ 10. _____

TRANSACTION REQUEST: (Complete this section ONLY if you would like to initiate a transaction NOW using the above instructions.)

CAMP Account #: _____ Transaction Date: _____
\$ Amount: _____ Transaction Type: Purchase (Move funds **to** the CAMP account listed)
Redemption (Move funds **from** the CAMP account listed)

SIGNATURE: (Please have a person authorized per Program records sign below.)

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 Investor Support Services 1-888-535-0120
MAIL TO: CAMP Investor Support Services P.O. Box 11760 Harrisburg, PA 17108-1760

PROGRAM USE ONLY		
V2012.11	DATE	INITIALS
Processed		
Confirmed		