



ORDER FORM

Questions? Call 1-800-729-7665

(DEPOSIT TICKETS – ENDORSEMENT STAMPS – RE-INKING FLUID)

Instructions: Complete this form to order deposit tickets, endorsement stamps, and/or re-inking fluid. Please fax the completed form to the CAMP Client Services Group at 1-888-535-0120.

ACCOUNT and ORDER TYPE: (Please fill this section out completely.)

Investor/Participant Name: _____
(Name that appears on Program records)

TIN #: _____
(Taxpayer Identification Number)

CAMP Account #: _____
(Account # that checks will clear out of)

New Order

Reorder (Please attach a copy of a current deposit ticket with any necessary changes.)

ITEM DETAIL: (Please select the appropriate item and detail.)

Deposit Tickets

Style: 2-Part Bound Booklet (Standard) 3-Part Bound Booklet

Quantity: 200 400 Other: _____

Endorsement Stamp(s) (Additional charges paid by Investor/Participant)

Quantity: 1 2 Other: _____

Re-inking Fluid (Additional charges paid by Investor/Participant)

Quantity: 1 2 Other: _____

CAPTIONS: (Please fill this section out completely.)

Deposit Tickets (For New Orders Only)

Entity's Name: _____ (Program Investor/Participant Name)
CAMP Account Name: _____ (Program Account Subtitle)
CAMP Account Number: _____ (Program Account # being credited)
Location Description: _____ (Limit to 33 characters)
U.S. Bank Account Number: _____ (U.S. Bank Account # deposited into)
Aux #: _____ (If applicable, must be 10 digits, leading zeros)
Vault #: _____ (If applicable, must be 5 digits)

Endorsement Stamp(s)

Pay To The Order of: _____ (Program Investor/Participant Name)
Subtitle (Location): _____ (Program Account Subtitle or Location)
U.S. Bank Acct #: _____ (U.S. Bank Account # deposited into)

SHIPPING INFORMATION: (Allow 3 days for processing the order, in addition to shipping time.)

Shipping Method:

Standard UPS Ground delivery (Allow 2-4 weeks)
RUSH SHIPMENT (Additional charges paid by Investor)
Fastrack \$29.95 Overnight

Mailing Address:

Attention to: _____
Physical Address: _____
(No P.O. Box)

SIGNATURE: (Please have a Contact, who is authorized per Program records to initiate purchases and redemptions of shares, complete and 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 Client Services Group
1-888-535-0120

MAIL TO: CAMP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY

V2015.04	DATE	INITIALS
Processed		
Confirmed		