

To: \_\_\_\_\_  
Clearing Agent – Wedbush Securities Inc.

Automated Clearing House (ACH) Authorization

I.E. Code	Securities Account Number

**Securities Account Information**

Name: \_\_\_\_\_ Social Security/Tax I.D. Number: \_\_\_\_\_

**Bank Account Information**

Name as it appears on your Bank Account: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Bank Account Type (select one):  Savings  Checking

**Type of Transfer**

I/we elect to make transfers on-demand between my/our securities account and bank account as follows\*:

1.  **From:** Bank Account (specified above) **To:** Securities Account (specified above)

**Amount:** \$ \_\_\_\_\_

**Beginning Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Recurring:**  Monthly  Quarterly

Semi-Annually  Annually

2.  **From:** Securities Account (specified above) **To:** Bank Account (specified above)

**Fixed Amount:** \$ \_\_\_\_\_ \*  As requested only\*  Dividends & Interest\*

**Beginning Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

**Recurring:**  Monthly  Quarterly  Semi-Annually  Annually

*\*Important Note for IRA Accounts: If you are using this form to withdraw funds from an IRA account in which Wedbush Securities Inc. is the custodian, you must attach Form ID to set up a Fixed Amount or Dividend & Interest distribution and/or Form IA to set up As requested only distributions.*

**Please Read and Sign**

I/we authorize you and your clearing agent to transfer funds between my/our securities account and my/our bank account via ACH funds transfer. In the event an entry is incorrect, I authorize you and/or your clearing agent, at your discretion, the right to submit correcting entries. Attached is a voided check so that you have my/our necessary bank routing information. I/we authorize my/our "Bank Account Information" to be released to you and/or your clearing agent for verification purposes. I/we will confirm activation of these ACH instructions before making financial commitments based upon these instructions. This authorization remains in full force and effect until you and your clearing agent receive written notification of its termination or amendment. I/we acknowledge that ACH transactions to or from my/our account must comply with the provisions of U.S. Law, Internal Revenue Code and National Automated Clearing House Association Rules.

X \_\_\_\_\_ Date  
Applicant's Signature

X \_\_\_\_\_ Date  
Joint Applicant's Signature

For Office Use Only:	
X _____ Signature Guaranteed by Authorized Signatory	_____ Date

0507CSD ACH

**Attach Voided Check Here**

<b>CONNIE SILVERS</b> 12345 Any Street, Apt. 123 Somewhere, CA 90205  PAY TO THE ORDER OF _____  DOLLARS _____  <small>322271627 8769882336 0028900 2032</small>	<b>2032</b>
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