



# ACH Setup Instructions

Questions? Call 1-855-274-7468

**Instructions:** Complete this form only if you would like the CSIP Client Services Group to **add or remove** ACH instructions for your Entity. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

**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. Your new ACH instruction may take the CSIP Client Services Group up to 24 hours to verify and set up on your Account. Please take this into consideration when requesting a transaction. The ACH instructions and authorized signature below permit CSIP, per your direction, to move money to the institution designated below from CSIP or from the institution designated below to CSIP. **If the bank Account listed below has ACH filters, please contact your bank to authorize CSIP to process ACH transactions against your bank Account.**

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

**Investor Name:** \_\_\_\_\_  
(Name that appears on Program records)

**TIN:** \_\_\_\_\_  
(Taxpayer Identification Number)

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

**ACTION TYPE:**

Add          Remove

**BANKING INFORMATION:**

\*Bank Name: \_\_\_\_\_

\*Bank Account #: \_\_\_\_\_

\*ACH ABA or Routing #: \_\_\_\_\_

\*Legal Account Owner: \_\_\_\_\_

Addenda Information: \_\_\_\_\_

Nickname: \_\_\_\_\_

(Unique name to identify this instruction)

\*Bank Account Type:      Checking          Savings

**Please add/remove the above instructions to/from the Account(s) listed below:** (Please list the specific CSIP Account(s) below.)

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

**TRANSACTION REQUEST:** (Complete this section to initiate a transaction using the new instructions above. Transactions may take 24 hours to process.)

CSIP Account #: \_\_\_\_\_ Transaction Date: \_\_\_\_\_

Transaction \$ Amount: \_\_\_\_\_ Transaction Type:      Purchase (Move funds **to** the CSIP Account listed.)  
Redemption (Move funds **from** the CSIP Account listed.)

**SIGNATURE:** (Please have a Contact per Program records who is authorized to update banking instructions sign below.)

_____ Authorized Signature	_____ Date	_____ Phone #
_____ Print or Type Name of Authorized Signatory	_____ Title/Position	_____ Email Address

**Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.**

**SEND VIA CONNECT:** Log in to Account Access  
*Existing Connect* Click  Secure Contact  
*Users Only* Select file to upload - Send message

**FAX TO:** CSIP Client Services Group  
1-888-535-0120

**MAIL TO:** CSIP Client Services Group  
P.O. Box 11813  
Harrisburg, PA 17108

PROGRAM USE ONLY	
V2022.04	INITIALS
Processed	
Confirmed	