
ACCOUNT PAYOUT REQUEST

Type Of Request:

ACH Funds Transfer *(Requires ACH Authorization Agreement on file)*

Check: **Regular Mail** **Overnight (\$12 Fee)**

Special Instructions:

**Saturday Delivery
Charge Fee to Rep**

Pershing Account Number: _____ - _____

Amount: _____

Close Account? **Yes** **No**

Client Name: _____

For Checks Only:

Send to Address of Record: **Yes** **No**

*Alternate Payee: _____

*Alternate Address: _____

***Special Delivery Instructions:** _____

***Client Signature** *(*When Required)*

***Client Signature** *(*When Required)*

Rep Name: _____

Rep No: _____ Date: _____
(MM/DD/YY)

<u>For Office Use Only</u>
Approved: _____
Date: _____
Entered in Pershing: _____
LOA Sent: _____