

1072 S. De Anza Blvd. Suite A-205, San Jose, CA 95129
Tel: 408-996-1118 Toll Free: 888-666-6551 Fax: 408-996-1116 Email: info@infi.biz
Clearing services provided by Hilltop Securities, Inc. Member: NYSE/FINRA/SIPC

Automated Clearing House (ACH) Authorization

Use this form to make on-demand fund transfers between your Hilltop Securities Inc. (HTS) and bank accounts and to set up recurring monthly transfers either to or from your HTS account. Please allow 2 weeks for this feature to be set up for your account. After the ACH is set up, funds can be transferred within 1 business day. Note: Your bank account must be cleared through a financial institution in the United States and the check must be payable in U.S. dollars.

1. HTS Account Inform	ation.		
Name:	Social Security Number:		
HTS Account Number (if available	count Number (if available): Home Phone Number:		
Type of ACH Request (Check ON)	E): ☐ New ACH Request ☐ Change to E	xisting ACH Request 🚨 Add Add	ditional Bank
2. Bank Account Inform	nation. (Refer to your bank stater	nent for the following inform	ation.)
Name as it appears on your Bank	Account:		<u> </u>
Bank Name: Bank Account Type (Check ONE): ☐ Checking OR ☐ Sa			cking OR \square Savings
Bank Routing Number:	Bank Account Number:		
3. On-Demand Transfel	rs.		
	nake transfers on-demand back and forth I s, you can have the account set up for recu		
4. Recurring Transfers.	(Check all that apply, if these addi	itional options are desired.)	
□ Transfer dividends/interes□ Recurring monthly transfer bet□ Recurring monthly transfer	st only FROM HTS ACCOUNT to my bank st & principal pay downs FROM HTS ACC tween HTS & my bank account (Check ON er FROM HTS ACCOUNT to my bank acco	OUNT to my bank account. NE): bunt:*	
□ Recurring monthly transfer	er FROM MY BANK ACCOUNT to HTS ac	count:	
Amount: \$	Day of the Month:	Expiration:	
*Important Note: In order to distri	bute money FROM an IRA account, you m	ust complete an IRA Distribution	Request Form.
5. Please Read and Sig	ın.		
event an entry is incorrect, HTS re necessary bank routing information activated. This authorization remains	ds between my/our securities account and serves the right to submit correcting entrie n. I/we understand that it takes approximat ins in full force and effect until HTS receive of ACH transactions to my account must co	es. Attached is a voided check so tely 14 days from receipt of this foes written notification of its terminates.	that you have my/our orm for this feature to be ation or alteration. I/we
X	X_		
Applicant's Signature	Date	Co-Applicant's Signature	Date
Firm Representative (Initials)	Verbal Verification Obtained From		Date
6. Attach Voided Check	k.		

