

# Contribution Preauthorization

(877) 806-7362 | team@altscustodian.com



## Accountholder Information

Account Holder Name

Account Number Assigned by Alts Custodian

Last four digits of SSN (####)

Date Of Birth (Optional) (MM/DD/YYYY)

## Contribution Information

I authorize Alts Custodian to initiate withdrawals from my designated source account specified below. Until further notice in writing, I instruct Alts Custodian to process the requested amount as follows:

! To ensure prompt payment processing, please verify that your account holds sufficient balance

## Contribution Type

Traditional  Roth  SEP

For SIMPLE IRAs:  Participant Contribution  Employer Non-elective Contribution  Employer Matching Contribution

## One-Time Contribution Details

Tax Year of Contribution:

Contribution Amount:

## Recurring Contribution Details

Contribution Amount:

Payment Occurrence:

Monthly  Quarterly

Month to Begin:

Process Payments on:

1<sup>st</sup>  15<sup>th</sup>

## Outgoing Payment Instructions

PLEASE SELECT YOUR FUNDING METHOD (select one):  CHECK  WIRE  ACH

**For WIRE and ACH** (please complete this section if you selected WIRE or ACH)

### ACH Instructions

Certain banks enforce policies regarding character limits for ACH delivery instructions. Failure to provide all necessary ACH information within these limits may hinder payment processing

PAYEE NAME

BANK NAME

For Further Credit To

Bank ABA / Routing Number

Account Number

Payee Street Address

City

State

Zip Code

Additional Information

# Contribution Preauthorization

(877) 806-7362 | team@altscustodian.com



## Outgoing Payment Instructions

**Check** *(Additional fees may apply, see current Fee Schedule for applicable fees.)*

Sender's Name:

## Account Owner Signature

I confirm the accuracy of all information I have provided, which the Alts Custodian may rely upon. I acknowledge my responsibility for assessing eligibility requirements pertaining to my account(s) and investments. If necessary, I have sought guidance from qualified legal, tax, or investment professionals.

**Signature:**

**Date:** *(MM/DD/YYYY)*