## **Deposit Direction**

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



Accountholder Information				
Account Holder Name	Account Number Assign	ned by Alts Custodian		
Last four digits of SSN (####)	Date Of Birth (Optional) (I	Date Of Birth (Optional) (MM/DD/YYYY)		
Deposit Details				
□ Contribution				
Contribution Amount:	Contribution Tax Year:			
□ Asset Income				
Total Payment Amount: Asset Name:				
☐ Full sale of asset ☐ Interest ☐ Dividends				
☐ Loan repayment (enter the borrower's name below)	Allocated interest amount:	Allocated principle amount		
☐ Partial sale of asset				
□ Other (provide information below)				
Payment Details				
•	I CHECK   WIRE	ACH		
For WIRE and ACH (please complete this section if you selected WIRE or ACH)				
ACH PAYMENT NOTICE				
Banks limit the length of ACH instructions. If they don't get all the needed information, the payment might not go through. This could delay your transaction or make you repeat the process if the bank can't read everything required.				
		illea.		
PAYEE NAME	BANK NAME			
For Further Credit To	Bank ABA / Routing Number	Account Number		
Payee Street Address	City	State Zip Code		

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Payment Details
Additional Information
Check (Additional fees may apply, see current Fee Schedule for applicable fees.)
Sender's Name:

## **Account Owner Authorization**

I certify that all information provided by me is correct and may be relied upon by the Custodian. I understand that I am responsible for determining eligibility requirements related to my account(s) and investments and if necessary have sought assistance from qualified legal, tax, or investment professionals.

Signature:	Account Owner Name: (Print or Type)	Date: (MM/DD/YYY)

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