



# CUSTOMER INCOMING & OUTGOING ACH ACTIVATION FORM

Please attach a copy of a voided check if this is your first ACH request. If a voided check is not available, please attach a letter from the bank, on bank letterhead confirming the bank account ownership, account number and routing information.

Date \_\_\_\_\_

Standing Instructions for On Demand (no funds will be moved until instructed)

Account Name \_\_\_\_\_

HR Trader Account Number

Receiving Bank Name \_\_\_\_\_

Receiving Bank Account Number \_\_\_\_\_

Receiving Account Name \_\_\_\_\_

Receiving Bank ABA Number

Receiving Bank Address \_\_\_\_\_

Remark or Comment: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### Please Sign Below

**X** \_\_\_\_\_  
Client Signature Client Name Date

**X** \_\_\_\_\_  
Joint Client Signature Joint Client Name Date

### Registered Representative Approval

**X** \_\_\_\_\_  
Registered Representative Signature Registered Representative Name Date

### HR Trader Internal Use Only

Prepared By: \_\_\_\_\_

**X** \_\_\_\_\_  
Reviewed By Name Date

Entered By: \_\_\_\_\_

Released/Verified By: \_\_\_\_\_