

ACH MoneyLink Form

A subsidiary of Axos Financial*

ACH MoneyLink is a service provided by Axos Clearing, LLC, connecting your bank accounts and investment accounts for seamless cash management. All bank links, except for IRA accounts, will be established with On Demand instructions to allow for money movement in or out of your brokerage account. Please complete all information, sign where indicated and return to your Registered Investment Advisor.

STEP 1: ACCOUNT INFORMATION	1	
Account Title (Name of account)	Account	Number
STEP 2: INSTRUCTION TYPE- Multiple bank links are p	nermissible per brokerage account. Complete a separate form fo	or each bank.
O Add New Instructions O Replace Existing	Instructions ADD NEW WILL ESTABLISH A NEW BANK L INSTRUCTIONS EXIST. REPLACE WILL UPD	INK OR CREATE ADDITIONAL LINKS IF PRIOR ATE OR CHANGE EXISTING INSTRUCTIONS
STEP 3: Type of Request If Other Than On I	DEMAND	
\ensuremath{O} Dividends/Interest (income received will be		A DISTRIBUTION REQUEST FORM IS
O Distributions – Periodic transfers to bank ac		REQUIRED FOR RETIREMENT ACCOUNTS
	age account (Frequency, amount & date required)	
Frequency (select one)		
O Daily (D) – Dividends and Interest only	O Bi-monthly (I) – occurs every other month	-DAILY IS FOR NON-IRA ACCOUNTS ONL
O Weekly (W) – occurs every week	O Quarterly (Q) – occurs every 3 months	-PLEASE ALLOW 5 BUSINESS DAYS FOR
O Semi-Monthly (E) – occurs twice a month	O Semi-Annually (S) – occurs twice a year	ESTABLISHMENT OF NEW OR UPDATED MONEYLINK INSTRUCTIONS
O Monthly (M) – occurs every month	O Annually (A) – occurs once a year	
Amount \$ Amount	Start Date:	
STEP 4: BANK/CREDIT UNION ACCOUNT INFORI	MATION	
Account Type: O Checking O Savings		
ABA Number/Bank Routing Number	DDA Number / Bank Account Number	
Voided Check: Attach an original voided check	chere	14/-
Your Name	1111	WE CANNOT ACCEPT STARTER CHECKS OR COUNTER CHECKS.
Your Address Your City, State, Zip)ate20	ON COOKTEN CHECKS.
Tour City, State, 21p		IF A VOIDED CHECK IS NOT AVAILABLE,
Pay to the order of	\$	PLEASE ATTACH A LETTER FROM THE
_	Dollars 🛈	BANK, ON BANK LETTERHEAD CONFIRMING THE BANK ACCOUNT
		OWNERSHIP, ACCOUNT NUMBER AND
For		ROUTING INFORMATION.
	,	
1:1234567891: 00012345611 111		

STEP 5: SIGNATURES

Signature(s)		
By affixing my signature below, I represent to Axos Clear, and accurate and represents my instruction.	ing LLC and my Registered Investment Advisor that the info	rmation contained above is truthful
Account Holder Signature	Print Name	Date
×		
Account Holder Signature	Print Name	Date
×		
REGISTERED INVESTMENT ADVISOR (RIA) SIGNATURE		
By signing below, I attest that I spoke with my client iden authorization are true and correct and have originated w	tified above and verbally confirmed that the instructions co ith my client	ontained in this letter of
Registered Investment Advisor Signature	Print Name	Date
×		
INTERNAL SIGNATURE APPROVAL		
Internal Signature	Print Name	Date
×		

Clearing, custody or other brokerage services provided by Axos Clearing, LLC,	Page 1 of 1
member FINRA and SIPC. Trademark(s) belong to their respective owners.	RIA MLNK 07/2021