PRINT

LOGIC

BANK INSTRUCTION FORM

PLEASE NOTE THAT A LOGIC REPRESENTATIVE WILL CALL TO VERIFY INSTRUCTIONS AND USER ID WITH BOTH AUTHORIZED REPRESENTATIVES WHO SIGNED THIS FORM.

PLEASE SELECT ONE OF THE FOLLOWING:

- ☐ **NEW ACCOUNT: NAME** _____
- ☐ **CHANGE EXISTING ACCT:** _____
- ☐ **APPLY CHANGE TO ALL ACCOUNTS**

EFFECTIVE DATE: _____

PARTICIPANT NAME: _____

ACCOUNT NUMBER: _____

Add Bank Instruction:

PLEASE INDICATE IF THIS WILL BE THE ☐ **PRIMARY BANK INSTRUCTION OR** ☐ **ADDITIONAL BANK INSTRUCTION**

SELECT ONE OF THE FOLLOWING ☐ **WIRE AND ACH** ☐ **WIRE ONLY** ☐ **ACH ONLY**

Bank Name: _____ City_____

Bank ABA Number (9 digits): _____Bank ABA for ACH (if different) (9 digits): _____

Bank Account Number: _____ Bank Account Name: _____

Correspondent Bank Name (if any): _____

Correspondent Bank ABA Number: _____ Account Number: _____

Delete Bank Instruction:

PLEASE INDICATE IF THIS WILL BE THE ☐ **PRIMARY BANK INSTRUCTION OR** ☐ **ADDITIONAL BANK INSTRUCTION**

SELECT ONE OF THE FOLLOWING ☐ **WIRE AND ACH** ☐ **WIRE ONLY** ☐ **ACH ONLY**

Bank Name: _____ City_____

Bank ABA Number (9 digits): _____Bank ABA for ACH (if different) (9 digits): _____

Bank Account Number: _____ Bank Account Name: _____

Correspondent Bank Name (if any): _____

Correspondent Bank ABA Number: _____ Account Number: _____

** If ACH availability is selected, I hereby authorize JPMorgan Chase Bank, N.A. to directly deposit and withdraw funds by means of ACH electronic transfer to and from the financial institution and the account designated above ("Designated Account"). I agree that this authorization may be withdrawn with at least 45-days advance written notice to LOGIC Participant Services. I understand that the LOGIC reserves the right to discontinue ACH electronic transfer without advance notice. I also authorize JPMorgan Chase Bank, N.A. to deduct from the Designated Account or from subsequent deposits made to the Designated Account all amounts deposited in error. I authorize JPMorgan Chase Bank, N.A. to credit all amounts withdrawn in error to Designated Account.*

NOTE: This authorization must be executed by two current Authorized Representatives of the Participant on file with LOGIC.
As a current Authorized Representative, I certify that the above information is both true and correct.

Authorized Representative Signature	Printed Name	Title	Date
Authorized Representative Signature	Printed Name	Title	Date

Please complete this form either all typed or all handwritten with original signatures.
Forms with alterations (i.e. white out, mark out, etc.) or electronic signatures will **NOT** be accepted.

LOGIC Participant Services
Email forms to: logic@hilltopsecurities.com
Phone: 800.895.6442 * Fax: 214.953.8878