



Account Number _____

FA/Rep ID _____ Alternate Branch _____

ELECTRONIC FUNDS/ACH AUTHORIZATION FORM

Workflow Case ID _____

ACCOUNT TITLE (AS SHOWN ON RBC CM CLIENT STATEMENT)

--

BANK ACCOUNT INFORMATION

Required: Attach copy of voided check or bank document with ABA/routing and account number. (Deposit ticket is not acceptable.)

 Set up new ACH service. Replace existing ACH bank account number _____ with bank account information below. (List bank account number to be replaced.)

Routing Number

Bank Name

Account Name

Account Number

Account Type Checking Savings Dividends/Interest – Check here to receive your dividend and interest payments via ACH. (Do not use for retirement accounts.)**RECURRING ACH TRANSACTIONS—DO NOT USE FOR RETIREMENT DISTRIBUTIONS** Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below. Add new recurring ACH transaction. Incoming* Outgoing
**Not permitted from third party accounts*

Amount \$

Start Date

End Date

 Weekly Monthly Quarterly Semiannual Annual**SIGNATURES**

RBC Capital Markets, LLC (“RBC CM”), Member NYSE/FINRA/SIPC, is authorized to initiate credit or debit entries to the bank account identified above. The bank identified in this authorization will accept such credit or debit entries to the specified account, without responsibility for the corrections thereof or the existence of any subsequent authorization relating thereto. This new deposit/transfer will start at the time RBC CM is able to set up the account for ACH (which may take up to thirty (30) days) or on the given start date (whichever is later) and will remain in effect until the given end date or another date selected by the client. The authorization may be changed or canceled by giving RBC CM notice fifteen (15) days in advance of the effective date of such change or cancellation.

- I understand that my use of ACH Services is subject to the terms and conditions of the Customer Authorization and Agreement for Electronic Funds Transfers/Automated Clearing House Services contained in my client account agreement or in a separate document (the “ACH Agreement”), and have received and reviewed a copy of the ACH Agreement.
- If the RBC CM account is a trust, UTMA/UGMA, guardianship, conservatorship or other account created for the benefit of a third party, I represent that all transactions effected hereunder are and will be for the benefit of the beneficiary of the RBC CM account as required by applicable law.
- If I have selected incoming transactions from the bank account listed above, I certify that I am authorized to direct transfers out of such account and by signing below I hereby consent to such withdrawals in my capacity as an authorized party on the bank account.
- Authorized persons for my account may transfer, deposit or pay money, and create, amend or terminate the periodic transactions listed on this form from or to this bank account in varying amounts by providing verbal instructions to the firm managing my account, including instructions provided solely over the telephone, and RBC CM is entitled to rely on any such verbal instructions provided to such firm.

The ACH Agreement has not been amended, altered or revised in any way by me, and I agree to be bound by, and to comply with, its terms and conditions in their entirety.

Authorized Client Signature

Date

Authorized Client Signature

Date

Print Name from Signature Above

Print Name from Signature Above

If transaction falls on a weekend or bank holiday, it will be processed the prior business day.



Account Number _____

FA/Rep ID _____ Alternate Branch _____

ELECTRONIC FUNDS/ACH AUTHORIZATION FORM

Workflow Case ID _____

Must be accompanied by page one.**RECURRING ACH TRANSACTIONS—DO NOT USE FOR RETIREMENT DISTRIBUTIONS** Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below. Add new recurring ACH transaction. Incoming* Outgoing
Not permitted from third party accounts Amount \$Start Date _____ End Date _____ Weekly Monthly Quarterly Semiannual Annual Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below. Add new recurring ACH transaction. Incoming Outgoing
Not permitted from third party accounts Amount \$Start Date _____ End Date _____ Weekly Monthly Quarterly Semiannual Annual Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below. Add new recurring ACH transaction. Incoming Outgoing
Not permitted from third party accounts Amount \$Start Date _____ End Date _____ Weekly Monthly Quarterly Semiannual Annual Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below. Add new recurring ACH transaction. Incoming Outgoing
Not permitted from third party accounts Amount \$Start Date _____ End Date _____ Weekly Monthly Quarterly Semiannual Annual Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below. Add new recurring ACH transaction. Incoming Outgoing
Not permitted from third party accounts Amount \$Start Date _____ End Date _____ Weekly Monthly Quarterly Semiannual Annual Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below. Add new recurring ACH transaction. Incoming Outgoing
Not permitted from third party accounts Amount \$Start Date _____ End Date _____ Weekly Monthly Quarterly Semiannual Annual Modify existing recurring transaction of \$ _____ effective on ___/___/___ with new recurring ACH transaction below. Add new recurring ACH transaction. Incoming Outgoing
*Not permitted from third party accounts Amount \$Start Date _____ End Date _____ Weekly Monthly Quarterly Semiannual Annual**SIGNATURES**

Authorized Client Signature _____ Date _____ Authorized Client Signature _____ Date _____

Print Name from Signature Above _____ Print Name from Signature Above _____