

VIP Services: (888) 855-9856 | info@trustprovident.com
8880 W. Sunset Rd., Suite 250, Las Vegas, NV 89148

Section 1 Account Owner Information

First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Last Four Digits of Social Security Number	Account Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2 Banking Information *(Account ACH is coming out of)*

Bank Name	Bank Phone		
<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Routing Number	Bank Account Number		
<input type="text"/>	<input type="text"/>		
Name on Bank Account	Account Type		
<input type="text"/>	<input type="checkbox"/> Business Checking <input type="checkbox"/> Personal Checking <input type="checkbox"/> Savings		

Section 3 ACH Contribution/Deposit Processing

<input type="checkbox"/> New Instructions or Additional Setup	<input type="checkbox"/> Change or Replace Existing Payment	<input type="checkbox"/> Stop or Cancel Existing Payment
	\$ <input type="text"/>	\$ <input type="text"/>

Section 4 Contribution Frequency

All ACH deposits will be initiated within three business days of the date selected below, from the bank account listed above. This processing time varies based on your financial institution.

Select one

<input type="checkbox"/> One-time Contribution Amount <input type="text"/>	<input type="checkbox"/> Monthly Contributions To Begin On: <input type="text"/> <input type="checkbox"/> 1st or <input type="checkbox"/> 15th <i>Month</i> Amount <input type="text"/>	<input type="checkbox"/> Quarterly Contributions To Begin On: <input type="text"/> <input type="checkbox"/> 1st or <input type="checkbox"/> 15th <i>Month</i> Amount <input type="text"/>
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Section 5

Type and Information

If you are attempting to roll over funds, please complete a Rollover Contribution form.

Complete Option 1 OR Option 2 below.

Option 1: Contribution to IRA or Retirement Plan

Complete the contribution amount, tax year, and indicate the type of contribution being made.

Contribution Amount \$ Tax Year



If no tax year is indicated, the contribution will be made for the current year

Traditional IRA Contribution

SIMPLE IRA

Individual 401(k) Plan

Roth IRA Contribution

Elective Deferral

Elective Deferral

SEP Contribution

Employer Contribution

Employer Contribution

Designated Roth 401(k) Elective Deferral

Option 2: Asset Payment

(Please complete asset name and select a sub-option)

Asset Name:

Rental or Property Income

\$

Return of Principal

\$

Sale or Maturity Proceeds

\$

Interest

\$

Loan Payment

Earnings

\$

Interest \$

Principal \$

Other

\$

Section 6

Account Owner Agreement and Authorization

Important: Please read before signing.

- This authorization must be written and signed by the Account Owner.
- The Account Owner must receive a copy of the authorization.
- The custodian will retain the authorization for at least two years following the revocation of the authorization. The custodian must be able to produce a copy of the authorization on demand from the originating depository financial institution, or from the account owner.
- The authorization must be readily identifiable as an ACH authorization (either debit or credit) and must clearly and conspicuously state its terms.
- The authorization must state the manner in which the authorization may be revoked and must specify that the receiver may revoke the authorization only by notifying the originator in the manner specified on the authorization form.

I hereby authorize the custodian, through its depository bank, to electronically draft via the Automated Clearing House (ACH) system the amounts indicated above from the account identified above. The authorization is to remain in full force and effect until the custodian has received written notification from me of its termination in such time and in such manner as to afford the custodian a reasonable opportunity to act on it. I hereby certify that the custodian is duly authorized to execute this form on my behalf. I acknowledge that I will be subject to a rejection fee, if items are returned for insufficient funds.

X

Account Owner Signature

Account Owner Name (Please type or print)

Date (mm/dd/yyyy)

X

Bank Account Owner Signature

Bank Account Owner Name (Please type or print)

Date (mm/dd/yyyy)

Please attach a voided check or
bank authorization letter here.