



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	Vision Accou	nt Number
Receiving Bank Name	Receiving Ba	nk Account Number
Receiving Account Name	Receiving Ba	ink ABA Number
Receiving Bank Address		
Remark or Comment:		
Additional Information:		
	Please Sign Below	
X		
X Client Signature	Client Name	Date
X Joint Client Signature	Joint Client Name	Date
	Broker/Dealer Approval	
X B/D Principal Signature	B/D Principal Name	Date
Vision Internal Use Only		
Prepared By:		
X		
Reviewed By	Name	Date
Entered By:		
Released/Verified By:		