ELECTRONIC FUNDS TRANSFER (EFT) SETUP FORM

- Use this form only to establish a link between a bank and a brokerage account. Any related cash movement must be initiated by your representative. **Please note:** IRAs require additional documentation.
- This form is not to be used for modifying existing EFT links, PIPs, SWPs, and retirement plan distributions.
- The owner(s) of the brokerage account(s) must also be named as the owner(s) of the bank account in order to establish an EFT link.
- A two-week waiting period is required before the first EFT can be initiated.

ACCOUNT INFORMATION			
Account Number(s):	□ IRA	□ Non-IRA	
	□IRA	□ Non-IRA	
	□IRA	□ Non-IRA	
BANK INFORMATION The following banking information will be linked to all ac	counts listed abo	ve:	
Bank ABA or Routing Number:			
Bank Account Number:			
☐ Checking (Please attach a copy of a voided check.)☐ Savings			
Name(s) on Bank Account:			
SIGNATURE(S) I (We) hereby authorize and request Commonwealth Financial Netvor debit entries to my (our) account in the bank (Bank) named above, or debit entries initiated by CFN and NFS to such account and to responsibility for the correctness thereof or for the existence of any instructions given pursuant to this authorization and agree that CFN upon this authorization. The Bank indicated above must participate are subject to a pre-note process that lasts for two weeks before they (checking or savings), and account number at the Bank.	and I (we) hereby au credit or debit, as re further authorization and NFS will not be n the Automated Clo	thorize and request the Bank equested, the same amount to a relating thereto. I (We) her liable for any loss, liability, co earing House (ACH) system.	to accept any such credit to such account, without eby ratify any telephone ost, or expense for acting All instructions received
Print Client Name	Print Client Na	Print Client Name	
Client Signature	Client Signature	2	
Date	 Date		