



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 Account Number

Receiving Bank Name _____

Receiving Bank Account Number _____

Receiving Account Name _____

Receiving Bank ABA Number

Receiving Bank Address _____

Remark or Comment: _____

Additional Information: _____

Please Sign Below

X _____
Client Signature Client Name Date

X _____
Joint Client Signature Joint Client Name Date

Registered Representative Approval

X _____
Registered Representative Signature Registered Representative Name Date

Vision Internal Use Only

Prepared By: _____

X _____
Reviewed By Name Date

Entered By: _____

Released/Verified By: _____