

# ACH MoneyLink Form

[Reset Form](#)

ACH MoneyLink is a service provided by COR Clearing, connecting your bank and investment accounts for better cash management. PLEASE COMPLETE ALL INFORMATION, SIGN WHERE INDICATED AND RETURN TO SPEEDTRADER VIA FAX 845-622-4878 OR SCAN AND E-MAIL TO INFO@STOCKUSA.COM. **FUNDING A SINGLE ACCOUNT WITH FUNDS FROM A JOINT BANK ACCOUNT REQUIRES A NOTARIZED "LETTER OF INDEMNITY" SEE 2<sup>ND</sup> PAGE. ALL OTHERS DISREGARD PAGE 2.**

## STEP 1: ACCOUNT INFORMATION

Brokerage Account Title (Name of this account)	Brokerage Account Number
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## STEP 2: TYPE OF REQUEST

- Standing Instructions for on Demand (no assets will be moved until instructed)
- Dividends/Interest (income received will be transferred) (Select frequency)
- Distributions – Periodic transfers to bank account (Frequency, amount & date required)
- Contributions – Periodic transfers to brokerage account (Frequency, amount & date required)

A DISTRIBUTION REQUEST FORM IS REQUIRED FOR RETIREMENT ACCOUNTS

### FREQUENCY (SELECT ONE)

- Daily (D) – Dividends and Interest only
- Weekly (W) – occurs every week
- Semi-Monthly (E) – occurs twice a month
- Monthly (M) – occurs every month
- Bi-monthly (I) – occurs every other month
- Quarterly (Q) – occurs every 3 months
- Semi-Annually (S) – occurs twice a year
- Annually (A) – occurs once a year

-DAILY IS ONLY AVAILABLE ON NON-IRA ACCOUNTS.  
-PLEASE ALLOW 5 BUSINESS DAYS FOR ESTABLISHMENT OF NEW OR UPDATED MONEYLINK INSTRUCTIONS

<b>AMOUNT</b>	Dollar Amount:	Start Date:
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## STEP 3: BANK/CREDIT UNION ACCOUNT INFORMATION

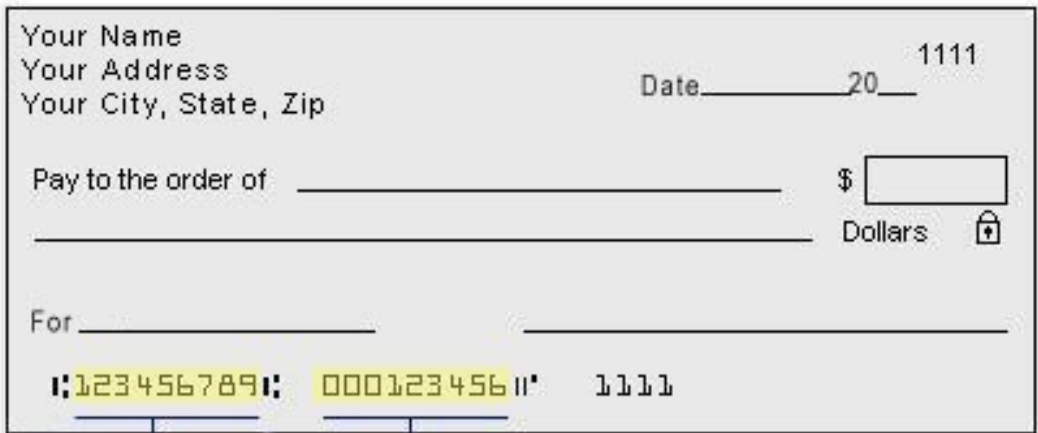
Account Type:  Checking  Savings

ABA Number/Bank Routing Number	DDA Number / Bank Account Number
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**Voided Check:** Attach an original voided check here

WE CANNOT ACCEPT STARTER CHECKS OR COUNTER CHECKS (OR CHECK NUMBERS BELOW 100).

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.



Routing Number Account Number

### SIGNATURES – ALL ACCOUNT HOLDERS MUST SIGN BELOW

Account Holder Signature ✕	Print Name	Date
Account Holder Signature ✕	Print Name	Date

-ALL REGISTERED OWNERS ON YOUR BROKERAGE ACCOUNT AND US BANK, CREDIT UNION OR OTHER FINANCIAL INSTITUTION ACCOUNT ARE REQUIRED TO SIGN THE SAME FORM.

-FOR BUSINESS AND TRUST ACCOUNTS, SEPARATE SUPPORTING DOCUMENTATION CONFIRMING THE SIGNATURE AUTHORITY FOR BOTH THE BROKERAGE AND BANK ACCOUNTS ARE REQUIRED.

### SIGNATURE – AUTHORIZED FIRM REPRESENTATIVE MUST SIGN BELOW

Authorized Firm Representative ✕	Print Name	Date
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## Letter of Indemnity

To: Stock USA Execution Services, Inc./Speedtrader

I \_\_\_\_\_ am joint owner of a checking account. Checking Account#: \_\_\_\_\_ at \_\_\_\_\_ Bank with \_\_\_\_\_ who has opened a single brokerage account at Stock USA Execution Services, Inc./Speedtrader.

\_\_\_\_\_ (Single Brokerage Owner) wishes to deposit and/or withdraw funds via Federal Funds Wire and/or ACH from said joint checking account into/out of the single brokerage account with Stock USA Execution Services, Inc. /Speedtrader.

In granting permission for such transactions I acknowledge that I am giving up ownership in the joint checking account stated above and I am approving full transfer of funds from/to the above joint checking account from/to said single brokerage account at Stock USA Execution Services, Inc./Speedtrader.

In consideration of Stock USA Execution Services, Inc./Speedtrader allowing such transactions, I \_\_\_\_\_, (Joint Owner) do hereby indemnify Stock USA Execution Services, Inc./Speedtrader, its' Heirs, Trustees, Affiliates, Officers and Employees, from any and all liability, loss, or damage Stock USA Execution Services, Inc./Speedtrader may suffer, as a result of claims, demands, costs or judgments against Stock USA Execution Services, Inc./Speedtrader, arising from any and all such transactions.

This agreement shall become effective \_\_\_\_\_, 20\_\_\_\_ and remain in effect, until such time as Stock USA Execution Services, Inc./Speedtrader shall receive in writing such notification to cease the agreement.

Signed: \_\_\_\_\_ at: \_\_\_\_\_,

State of: \_\_\_\_\_.

Notary Signature

State of: \_\_\_\_\_: County: \_\_\_\_\_  
in the City of: \_\_\_\_\_.

Did personally appear before me \_\_\_\_\_ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or entity(ies) upon behalf of which the person(s) acted executed the instrument of his/her/their own free will.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

Witness my hand and Official Seal.

Notary: \_\_\_\_\_

SEAL

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_\_