

Return to:

Attached, please find the Ally Invest Automated Clearing House (ACH) Agreement required to link your bank account and your Ally Invest account for bank transfers.

Please complete this form in its entirety and return [which pages] via fax, mail, or online.

Mail:

Ally Invest Securities
PO Box 30248
Charlotte, NC 28230

Send overnight deliveries to:

Ally Invest Securities
601 S Tryon St.
Suite 100
Charlotte, N.C. 28202

Fax:

Subject Line: Ally Invest Automated Clearing House (ACH) Agreement
Fax Number: 866-699-0563

Important instructions:

To set up your electronic link between your bank account and Ally Invest Securities:

1. Attach a copy of your **Driver's License** or other form of government-issued photo identification AND A copy of a voided check or bank statement for the bank account submitted. (Statement must list full bank account number)
2. Ally Invest Trust & Business entity accounts may only be linked to bank accounts in the **same name as the entity**.

The Ally Invest Securities Customer Agreement contains the terms and conditions applicable to all Ally Invest Securities accounts. Please read it carefully, print a copy and retain for your records



ALLY INVEST ACCOUNT NUMBER	CORRESPONDENT AUTHORIZED REP SIGNATURE
----------------------------	--

I/We hereby authorize APEX Clearing Corporation to transfer funds to/from my/our (select one) Checking Savings account at the depository bank listed below.

I/We agree that transactions sent/received through the NACHA system will be subject to all applicable rules of such clearing house and rules set forth in the Federal Reserve Operating circulars. I/We understand that any ACH transaction is provisional. If final payment is not received by the beneficiary bank for a payment order transferred through ACH, the beneficiary bank is entitled to recover from the beneficiary any provisional credit and Apex may charge the customer's account for the transaction amount. I understand that the ACH activation may take 3 business days from the date of receipt of these instructions. I understand that recurring transfers, if applicable will occur no later than the next business day, assuming funds availability. I understand that funds must be readily available in my securities account or there is a possibility the ACH will be delayed or bounced. Additionally, Apex may or may not notify me of returned or rejected transfers.

BANK ACCOUNT NUMBER	BANK ACCOUNT TITLE
9 DIGIT ABA NO.	NAME OF BANK

ELECTRONIC TRANSFER OPTIONS (Please check all that apply to establish your ACH profile)

Remit Income Distributions (Dividends & Interest) to my bank account:

Weekly (\$100 Minimum)

Monthly (No Minimum)

I will authorize a debit or credit to my account "On Demand" (No Minimum)

Transfer funds To From my bank account on a regular basis according to the schedule below

Amount \$					
Frequency	Monthly	Quarterly	Semi-Annually	Annually	

This authorization shall remain in full force and effect until I/We revoke authorization by written notification to my/our broker who is obligated to notify Apex Clearing Corporation. I/We understand that Apex Clearing Corporation has the right to terminate or suspend the ACH agreement at any time and is not required to notify my/our broker. I/We agree to hold Apex and their agents free of liability for their compliance with these instructions.

PRIMARY ACCOUNT OWNER NAME			JOINT ACCOUNT OWNER NAME		
ADDRESS			ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
PRIMARY ACCOUNT OWNER SIGNATURE		DATE	JOINT ACCOUUNT OWNER SIGNATURE		DATE

If you are linking your brokerage account to a checking account at your bank, please:

- ☐ *Attach a voided check to this area OR*
- ☐ *Please provide a recent bank statement OR an official letter from your bank*

PLEASE RETAIN A COPY FOR YOUR RECORDS