EPIC New York Fund

ACH Setup Instructions

Questions? Call 1-833-736-6247

Instructions: Complete this form only if you would like the EPIC Client Services Group to **add or remove** ACH instructions for your Entity. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: *This form is only for ACH instructions. ACH payments are financial transactions handled through the Automated Clearing House (ACH). ACH payments are not the same as wire transfers and are not same-day transactions. Your new ACH instruction may take the EPIC Client Services Group up to 24 hours to verify and set up on your Account. Please take this into consideration when requesting a transaction. The ACH instructions and authorized signature below permit EPIC, per your direction, to move money to the institution designated below from EPIC or from the institution designated below to EPIC.* ***If the bank Account listed below has ACH filters, please contact your bank to authorize EPIC to process ACH transactions against your bank Account.***

PARTICIPANT INFORMATION: *(Please enter your Entity's name and Tax Identification Number.)*

Participant Name: _____ (Name that appears on Pool records)

TIN: _____ - _____ (Taxpayer Identification Number)

INSTRUCTION DETAIL: *(Please select an action type and complete the detail instructions below.) (* = Required fields)*

ACTION TYPE:

☐ *Add* ☐ *Remove*

BANKING INFORMATION:

*Bank Name: _____ *Bank Account #: _____

*ACH ABA or Routing #: _____ *Legal Account Owner: _____

Addenda Information: _____ Nickname: _____ (Unique name to identify this instruction)

*Bank Account Type: ☐ Checking ☐ Savings

Please add/remove the above instructions to/from the Account(s) listed below: (Please list the specific EPIC Account(s) below.)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

TRANSACTION REQUEST: *(Complete this section to initiate a transaction using the new instructions above. Transactions may take 24 hours to process.)*

EPIC Account #: _____ Transaction Date: _____

Transaction $ Amount: _____ Transaction Type: ☐ Purchase *(Move funds **to** the EPIC Account listed.)*

☐ Redemption *(Move funds **from** the EPIC Account listed.)*

SIGNATURE: *(Please have a Contact per Pool records who is authorized to update banking instructions sign below.)*

Authorized Signature	Date	Phone #
Print or Type Name of Authorized Signatory	Title/Position	Email Address

Any document containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT:	Log in to Account Access	**FAX TO:**	EPIC Client Services Group	**MAIL TO:**	EPIC Client Services Group
Existing Connect	Click ✉ Secure Contact		1-888-535-0120		P.O. Box 11813
Users Only	Select file to upload - Send message				Harrisburg, PA 17108

POOL USE ONLY	
V2021.04	*INITIALS*
Processed	
Confirmed	