NEW HAMPSHIRE Public Deposit Investment Pool

ACH Setup Instructions

Questions? Call 1-844-464-7347

Instructions: Complete this form **ONLY** if you would like the NHPDIP Client Services Group to **add/remove** ACH instructions for your Entity. After completion, fax this form to the NHPDIP Client Services Group at **1-888-535-0120**.

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 NHPDIP 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 NHPDIP, per your direction, to move money to the institution designated below from NHPDIP or from the institution designated below to NHPDIP. If the bank account listed below has ACH filters, please contact your bank to authorize NHPDIP to process ACH transactions to your bank account.*

INVESTOR INFORMATION: (Please enter the Investor's name and Tax Identification Number.)

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

TIN #: _____ - _____ (Taxpayer Identification Number)

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

ACTION TYPE:

☐ *ADD* ☐ *REMOVE*

BANKING INFORMATION:

Bank Name: _____ Bank Account #: _____

ACH ABA or Routing #: _____ Account Name: _____

*Addendum Details: _____ *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 NHPDIP account(s) below.)

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

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

NHPDIP Account #: _____ Transaction Date: _____

$ Amount: _____ Transaction Type: ☐ Purchase *(Move funds to our NHPDIP account)*

☐ Redemption *(Move funds from our NHPDIP account)*

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

✗ *Please print form and sign with blue or black ink.*

Authorized Signature _____ **Date** _____ **Phone #** _____

Print or Type Name of Authorized Signatory _____ **Title/Position** _____ **Email Address** _____

Any document received by email will not be accepted. Please send by fax or mail.

FAX TO: NHPDIP Client Services Group 1-888-535-0120	**MAIL TO:** NHPDIP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760

Print Form

Clear Form