



Correspondent Customer Incoming ACH Request

Please attach a copy of a voided check if this is your first incoming ACH request.

Date _____

\$, .

Dollar Amount

Account Name _____

Receiving Bank Name _____

Receiving Account Name _____

Receiving Bank Address _____

Remark or Comment: _____

Additional Information: _____

One Time: _____ Transfer Date (if different) _____

Recurring: _____ Month _____ Day of Month _____

Vision Account Number

Receiving Bank Account Number _____

Receiving Bank ABA Number

Please Sign Below

X _____
Client Signature Client Name Date

X _____
Joint Client Signature Joint Client Name Date

Broker/Dealer Approval

X _____
B/D Principal Signature B/D Principal Name Date

Vision Internal Use Only

Prepared By: _____

X _____
Reviewed By Name Date

Entered By: _____

Released/Verified By: _____