



ACH Setup Instructions

Questions? Call 1-800-729-7665

Instructions: Complete this form **ONLY** if you would like the CAMP 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 CAMP 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 CAMP, per your direction, to move money to the institution designated below from CAMP or from the institution designated below to CAMP. **If the bank account listed below has ACH filters, please contact your bank to authorize CAMP to process ACH transactions against your bank account.**

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

Investor/Participant Name: _____ **TIN:** _____
(Name that appears on Program records) (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 CAMP 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.)

CAMP Account #: _____ Transaction Date: _____
\$ Amount: _____ Transaction Type: Purchase (Move funds to the CAMP account listed)
Redemption (Move funds from the CAMP account listed)

SIGNATURE: (Please have a Contact per Program 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
Existing Connect Click Secure Contact
Users Only Select file to upload - Send message

FAX TO: CAMP Client Services Group
1-888-535-0120

MAIL TO: CAMP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY	
V2022.03	INITIALS
Processed	
Confirmed	