



Instructions: Complete this form **ONLY** if you would like the SNAP Client Services Group to **add/remove** ACH instructions for your Entity. After completion, fax this form to the SNAP 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 SNAP 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 SNAP, per your direction, to move money to the institution designated below from SNAP or from the institution designated below to SNAP. If the bank account listed below has ACH filters, please contact your bank to authorize SNAP to process ACH transactions against your bank account.

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

Investor Name: _____ 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 SNAP account(s) below.)

- | | | | |
|----------|-----------|-----------|-----------|
| 1. _____ | 6. _____ | 11. _____ | 16. _____ |
| 2. _____ | 7. _____ | 12. _____ | 17. _____ |
| 3. _____ | 8. _____ | 13. _____ | 18. _____ |
| 4. _____ | 9. _____ | 14. _____ | 19. _____ |
| 5. _____ | 10. _____ | 15. _____ | 20. _____ |

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

SNAP Account #: _____ Transaction Date: _____
 \$ Amount: _____ Transaction Type: Redemption *(Move funds **from** the SNAP 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 received by email will not be accepted. Please send by fax or mail.

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| FAX TO: SNAP Client Services Group 1-888-535-0120 | MAIL TO: SNAP Client Services Group P.O. Box 11760 Harrisburg, PA 17108-1760 |
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| PROGRAM USE ONLY | | |
|------------------|------|----------|
| V2015.11 | DATE | INITIALS |
| Processed | | |
| Confirmed | | |