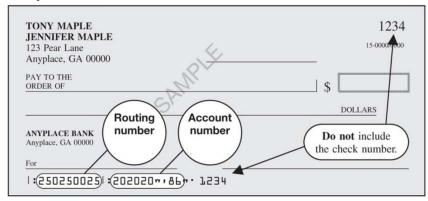
## **ACH (Automated Clearing House) Instructions:**

- 1. Please fill out the highlighted fields
  - a. Name of your bank
  - b. The address is your banks address
  - c. Enter the Routing and Account number usually found on your checks

## Sample Check-



- 2. Select whether it's a checking or savings account AND if its Personal or Business
- 3. PRINT the document and then Date and Sign it.
- 4. Attach a copy of a blank check and a Government Issued ID (only needed for your first ACH)
- 5. Send it back to us via email or fax:
  - a. Scan (PDF or JPEG works) and email it to services@itmtrading.com or
  - b. Fax to 602-404-3917

If you have any questions, please feel free to give us a call at 800-846-2577

## ITM Trading, Inc.

11201 N Tatum Blvd, Ste. 250

Phoenix, AZ 85028 P: 800-846-2577

F: 602-404-3917

services@itmtrading.com

ADDRESS CITY, STATE ZIP

#012345678¢ 01234567890123# 0123



"I (we) hereby authorize ITM Trading, Inc., to initiate debit entries to my (our) Checking/Savings accounts at the depository financial institution named below, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law."

YOUR ACCOU	NT INFORM	IATION		
Bank Name			Bank Address	<del></del>
City		State	Zip	
Routing Number			Account Number	
ACCOUNT TY	PE: (Circle O	ne)	PERSONAL OR BUSIN	ESS: (Circle One)
Checking			Personal Account	
Savings			Business Account	
YOUR NAME	& SIGNATUE	RE		
	s termination i		effect until ITM Trading, Inc. has received writ in such manner as to afford ITM Trading, Inc.	
Name(s)			Name (s)	
	(Please Print N	lame)		
Date				
Signature(s)				
	thorization. ITM	Trading, Inc. is on	eceiver may revoke the authorization only by notify ly authorized to debit the account above such fund	
	NAME ADDRESS CITY, STAT			0123 01-2345,6789
			DATE	
	PAY TO THE ORDER OF	Please pla Req	ace copy of blank check here uired to process your first ACH	
	BANK NA	ME	DO	LLARS