

Additional Account Authorization Form



If you have questions about this form, call toll-free 1.800.783.4273 or 414-225-0099

1. NEW ACCOUNT INFORMATION

Entity Name to Appear on Fund Records & Reports: _____

Account Subtitle: _____ Account #: _____

General Fund, Payroll, etc.

To be completed by Fund

Contact Person: _____ Title: _____

Address: _____ WI _____
City Zip

Telephone: _____ Fax: _____

Federal Employer Identification Number: _____ - _____

2. FUND PURCHASE OPTIONS (outgoing funds - check all that apply to the new account)

Same-Day FED Wire Purchase (District will receive account number and wiring instructions upon approval of the application)

Next-Day ACH Purchase (must attach voided check on applicable depository for account verification)
Upon direction from the entity, the Fund will initiate Automated Clearing House transactions against the attached depository transfer account, for next-day credit to the entity's Fund account. Authorization shall remain in effect until revoked in writing by the entity.

Purchases by Check (made payable to the Wisconsin Investment Series Cooperative, or your entity)

Direct Deposit of State Payments

Contact your PMA Advisor to facilitate the direct deposit of state funds into WISC.

Direct Deposit of Local Payments

Contact your PMA Advisor to facilitate the direct deposit of local funds into WISC.

3. FUND REDEMPTION OPTIONS (check all that apply to the new account)

FED Wire Redemption

Authorization is hereby given for the Fund to honor any request, believed by it to be authentic, for the redemption of Fund shares, in whole or in part, of the above named entity. Proceeds from the redemption of Fund shares shall be wire-transferred by the Fund to the following bank account of the entity. This authorization shall remain in place until modified or revoked in writing.

Bank Name: _____ City & State: _____

Routing #: _____ Account #: _____

Check writing (Please attach **Bank Signature Card** and complete all of the following information)

- a) Check Volume (approximate # of checks issued) _____ per month
- b) Check Style: 300 Manual Business Checks (allow 2-4 weeks) Computerized / Other Checks (a spec sheet will be issued)
- c) Number of signatures required on checks: _____

4. AUTHORIZATION (This section must be signed by an authorized officer designated in the Master Account Application.)

Signature

Date

Print Name

Title

PMA Financial Network, Inc.

2135 CityGate Lane 7th Floor Naperville, IL 60563

Local: 630-657-6400 Toll Free: 800-783-4273 Fax: 630-718-8701

After faxing, original signed documentation must be mailed to:

PMA Financial Network, Inc.
▼ 2135 CityGate Lane ▼ 7th Floor ▼ Naperville, IL 60563
Local: 630-657-6400 Toll Free: 800-783-4273 Fax: 630-718-8701