Check or Wire Authorization Form

This form is used to provide authorization by the account owner(s) to issue a check or a wire payment from an account. This form is not to be used for third-party requests or IRA distributions.

STEP 1: ACCOUNT INFORMATION

Account Title (Name of this account)	**Account Number**
Phone Number	PHONE NUMBER MAY BE REQUIRED FOR VERIFICATION.

STEP 2: PAYMENT METHOD - CHECK OR WIRE

DOLLAR AMOUNT: $ _____

Memo/For Further Credit:

_____

○ Check Mailing Preference: (Select One) ○ Regular Mail ○ Overnight Mail

○ Wire

Bank Name		
City	State	ABA/Routing Number
Foreign SWIFT	Foreign IBAN	
Intermediary Bank (if applicable)	Intermediary Bank Account Number (if applicable)	
Account Number		
Account Name		

STEP 3: SIGNATURES – ALL ACCOUNT HOLDERS MUST SIGN BELOW

By affixing my signature below, I represent to Axos Clearing LLC and my RIA that the information contained above is truthful and accurate and represents my instruction.

Account Holder Signature ✘	Print Name	Date
Account Holder Signature ✘	Print Name	Date

-ALL REGISTERED OWNERS ON YOUR ACCOUNT ARE REQUIRED TO SIGN THIS FORM.

-FOR BUSINESS AND TRUST ACCOUNTS, SEPARATE SUPPORTING DOCUMENTATION CONFIRMING THE SIGNATURE AUTHORITY FOR THE ACCOUNT IS REQUIRED.

SIGNATURE – FIRM REPRESENTATIVE SIGNATURE

By signing below, I attest that I spoke with my client identified above and verbally confirmed that the instructions contained in this letter of authorization are true and correct and have originated with my client.

Signature ✘	Print Name	Date