

Account # _____

Advisor Code _____

TO ESTABLISH DIRECT DEPOSIT, SUBMIT THIS FORM TO YOUR PAYOR

Please Note: Some payors, such as Social Security, will require you to use their form for direct deposit. To enroll in the Social Security Administration's Direct Deposit program, you can also call 800-772-1213. We do not require a copy of the payor's or Social Security's form.

1

PERSONAL INFORMATION

Name (First, Middle Initial, Last):		Social Security Number:	
Name of Payor (ex., employer or government agency):			
Payor Address:			
City:	State:	ZIP Code:	
I want the following amount deposited into my TD Ameritrade account through direct deposit: (Your money will be swept into the sweep vehicle you originally designated.)			
<input type="checkbox"/> Please deposit my entire check		<input type="checkbox"/> Please deposit \$ _____ (\$100 minimum)	

2

TD AMERITRADE INSTITUTIONAL ACCOUNT INFORMATION

Your TD Ameritrade Institutional Brokerage Account Name:	
Your TD Ameritrade Institutional Brokerage Account Number:	TD Bank USA, N.A. Routing Transit Number: 021912915
Account Type (must be designated as checking for ACH electronic regulation): CHECKING	Name of Financial Institution: TD Bank USA, N.A. for the Account of above – TD Ameritrade Client

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CLIENT AUTHORIZATION

I authorize you, the designated Payor, to make payments into my account at TD Ameritrade in the amount per payment specified above.

Account Owner Signature: _____ Date: _____

Please do not send this form to TD Ameritrade. Give this form to your payor. Please allow four to six weeks for your initial direct deposit transaction.

Mailing Address:
TD Ameritrade Institutional
 PO BOX 650567
 Dallas, TX 75265-0567

TDAI 9358 REV.02/17

Investment Products: Not FDIC Insured * No Bank Guarantee * May Lose Value

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