



ACH SETUP

Questions? Call 1-800-570-7627

Instructions: Complete this form **ONLY** if you would like the SNAP Client Services Group to **add/remove** ACH instructions for your Entity. Submit this form through Connect, or fax or mail this form to the fax number or address at the bottom of the page.

Note: This form is only for ACH Redemption 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.

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.) (* = Required fields)

ACTION TYPE:

ADD REMOVE

BANKING INFORMATION:

*Bank Name: _____ *Bank Account #: _____
*ACH ABA or Routing #: _____ *Legal Account Owner: _____
Addendum Information: _____ 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 containing sensitive information received by email will not be accepted. Please send by uploading through Connect, fax, or mail.

SEND VIA CONNECT: Log in to Account Access
Existing Connect Click ☒ Secure Contact
Users Only Select file to upload - Send message

FAX TO: SNAP Client Services Group
1-888-535-0120

MAIL TO: SNAP Client Services Group
P.O. Box 11760
Harrisburg, PA 17108-1760

PROGRAM USE ONLY

V2022.03	INITIALS
Processed	
Confirmed	