

TRANSACTION/DIRECT DEPOSIT FORM

Account Holder Information

Participating Organization: _____

Address (Line 1): _____

Address (Line 2): _____

City

State

Zip code

WELS Investment Funds Account(s) #: _____

Payment: Upon Request (Non-recurring) Amount: \$ _____

Recurring Payment: Amount: \$ _____ Or _____ %

Frequency (choose one): Monthly Quarterly Semi-annually Annually

Begin redemptions on (month, year): _____

All withdrawals are made on the last business day of the month.

Authorization Agreement

We hereby authorize WELS Investment Funds to initiate automatic deposits to our account at the financial institution named below for the purpose of making recurring transactions. We also authorize WELS Investment Funds to make withdrawals from this account in the event that a credit entry is made in error.

This agreement will remain in effect until WELS Investment Funds receives a written notice of cancellation from us or our financial institution, or until we submit a new direct deposit form.

Account Information

Already on file

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking Savings

Signature

Authorized Signature: _____ Date: _____ Contact #: _____

Authorized Signature: _____ Date: _____ Contact #: _____

If not already on file, please attach a voided check and return this form to:

WELS Investment Funds, N16W23377 Stone Ridge Drive, Waukesha, Wisconsin 53188

ATTACH VOIDED CHECK HERE