



Aquila Group of Funds®
ELECTRONIC DEPOSIT REQUEST FORM

Please return this form to BNY Mellon c/o Aquila Group of Funds, P.O. Box 9823 Providence, RI 02940-9865

Yes, I want my distributions sent electronically to my bank via ACH

Name(s): _____

SSN#: _____

Fund Name _____

Account #: _____

Signature(s): _____

**(All registered owners/trustees, etc., MUST sign before
direct deposit instructions can be added to your account.)**

*Please note the Medallion signature guarantee stamp requirement is waived when Bank
account information is the same as your Fund's account registration.*

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BANK ACCOUNT INFORMATION

**** This section must be filled out completely. ****

Name of Bank: _____

Bank Address: _____

Bank Account #: _____ Type: **Checking**
Savings

Name(s) on Account: _____

Bank ABA/Routing #: _____ (9 digit number usually located on bottom left of check)

Please tape an unsigned voided check (or preprinted deposit slip)
from your bank account here.

This will ensure accurate processing of your instructions.

If a check or deposit slip is not attached, it is possible
we may not be able to process your request.

Please allow three weeks for processing