



1251 Waterfront Place, Suite 525  
 Pittsburgh, PA 15222  
 1-800-693-7800  
 www.macg.com

## MATC ONE-TIME PAYMENT REQUEST FROM NON-QUALIFIED ACCOUNT

### ACCOUNT INFORMATION

MATC Account Number: \_\_\_\_\_  
 Account Owner Name: \_\_\_\_\_ Account Owner's SSN: \_\_\_\_\_  
 Joint Owner Name: \_\_\_\_\_ Joint Owner SSN: \_\_\_\_\_

### PAYMENT INSTRUCTIONS

Payment Amount: \$ \_\_\_\_\_ Withdrawal Date (mm/dd/yy): \_\_\_\_\_  
 \*Please note that if sufficient cash is not available, there may be delays in processing.

### METHOD OF PAYMENT

Please be advised that we do not allow for payments to be sent to third parties. **\*\*Please include a copy of a voided check along with this form for verification.**

ACH	Fed Wire	CHECK to Account Owner's mailing address of record (skip to next section)
ABA#		
BANK NAME		
Bank Acct Name		
Bank Acct #		
OBI: (Fed Wire Only)		
Type	CHECKING	SAVINGS

\*Please note that some banks have different ABA numbers for ACH and Wire transactions.

### AUTHORIZATION AND SIGNATURE

By signing this form, you:

- 1) Authorize and request MATC to make the above distribution from the account indicated to the payment instructions provided.
- 2) Certify that the information supplied on this form is complete and accurate. You acknowledge that any ACH or Wire transactions must comply with U.S. Law.
- 3) Certify under penalty of perjury that, if you are a U.S. citizen or other U.S. person (including a resident alien), the number shown above is your correct Social Security number (or taxpayer identification number).
- 4) Indemnify MATC and its agent(s), successors, affiliates, and employees from and against any and all claims, demands, losses, liability, or expenses, to include attorney's fees and costs, that result directly or indirectly from the debiting or crediting of the entry to or from the above accounts, which results directly or indirectly from any act or omission by MATC, excepting willful misconduct or gross negligence.
- 5) Understand that MATC is not responsible for any bank overdraft fees if funds are insufficient at scheduled time of request.

Account Owner Name: \_\_\_\_\_

Account Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_

Joint Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*Advisors: Please return completed form and voided check to: [requests@macg.com](mailto:requests@macg.com) or raise an issue on the MATC website\*\*\*