



A subsidiary of Axos Financial™

Check or Wire Authorization Form

Reset Form

This form is used to provide authorization by the account owner(s) to issue a check or a wire payment from an account. This form is not to be used for third-party requests or IRA distributions.

STEP 1: ACCOUNT INFORMATION

Account Title (Name of this account)	Account Number
Phone Number – best number during business hours	PHONE NUMBER MAY BE REQUIRED FOR VERIFICATION.

STEP 2: PAYMENT METHOD - CHECK OR WIRE

DOLLAR AMOUNT: \$ _____

Check Mailing Preference: (Select One) Regular Mail Overnight Mail

Wire

Bank Name		
City	State	ABA/Routing Number
Foreign SWIFT	Foreign IBAN	
Account Number		
Account Name		

STEP 3: SIGNATURES – ALL ACCOUNT HOLDERS MUST SIGN BELOW

By affixing my signature below, I represent to Axos Clearing LLC that the information contained above is truthful and accurate, and represents my instruction.

Account Holder Signature ✕	Print Name	Date
Account Holder Signature ✕	Print Name	Date

-ALL REGISTERED OWNERS ON YOUR ACCOUNT ARE REQUIRED TO SIGN THIS FORM.
-FOR BUSINESS AND TRUST ACCOUNTS, SEPARATE SUPPORTING DOCUMENTATION CONFIRMING THE SIGNATURE AUTHORITY FOR THE ACCOUNT IS REQUIRED.

General Principal Signature _____ Print Name _____ Date _____