# PAYMENT FORM



## WHEN TO USE THIS FORM

#### **IMPORTANT!**

For Unrelated Business Income Tax or Note Origination payment.

Please ensure you provide your EIN when requesting a UBIT payment.

## **SUBMISSION OPTIONS**

#### BY FAX:

(440) 365-1447

#### **OVERNIGHT:**

ETC Brokerage 1 Equity Way Westlake, OH 44145

#### **REGULAR MAIL:**

ETC Brokerage P. O. Box 451249 Westlake, OH 44145

#### **BY E-MAIL:**

ETCB rokerage @ETCB rokerage.com

# **INSTRUCTIONS & GUIDELINES**

This Payment form provides the information necessary to establish a one-time payment. Please ensure Funds are available for the payment.

# **CONTACT INFORMATION**

For assistance, please contact a Customer Service Representative

### **TOLL FREE:**

(877) 819-8918

#### E-MAIL:

ETCB rokerage @ETCB rokerage.com

DO NOT FAX OR MAIL THIS COVER PAGE

INVESTMENT PRODUCTS: NOT FDIC INSURED - NO BANK GUARANTEE - MAY LOSE VALUE





1 ACCOUNT INFORMAT	ION					
ACCOUNT REGISTRATION		ACCOUNT TYPE	3	ACCOUNT NUM	BER	
ADDRESS		CUTY			CTATE	ZID CODE
ADDRESS		CITY			STATE	ZIP CODE
DESIGNATED REPRESENTATIVE			DESIGNATED REPRES	ENTATIVE PHONI	E NUMBER	
2 PAYMENT INFORMAT	ION					
PAYMENT AMOUNT	<del></del>					
DESCRIPTION OF PAYMENT (Note Origination	on, UBIT Balance Due,	UBIT Estimate)				
UBIT PAYMENT (complete the following)	EIN:			TAX YEA	R:	
3 METHOD OF DISBURSE	MENT					
AVAILABLE CASH FUNDS: Funds must be <b>NOTE:</b> Federal UBIT payments will be rem	available in order to			unaads ta ba sals	octod For State LIBIT n	aymant you must provide
check payment instructions below.	inted directly to the	ins. No Metriod	oi Disbursement below	Tieeds to be sele		ayment you must provide
SEND FUNDS BY CHECK						
MAKE CHECK PAYABLE TO						
MAIL CHECK TO						
ADDRESS	CITY	,		STATE	ZIP CODE	
					22	
SEND FUNDS BY WIRE					,	'
BANK NAME			BANK PHONE NUM	BER		
	, , ,					
ABA ROUTING # (9 DIGITS)						
FOR CREDIT TO			FOR FURTHER CREE	OIT TO		
ACCOUNT NUMBER			FOR FURTHER CREE	DIT TO ACCOUNT NI	IMRED	
ACCOUNT NOWIDER	TOKT OKTTER CREE	on to account in	SMBER			
			·			
IMPORTANT: PLEASE ENSURE THA	T YOU READ THI	F FOLLOWING	DISCLOSURES BE	FORF YOU SIG	N AND DATE THE	DOCUMENT
The undersigned acknowledges that this Payme Custodian is protected by, the provisions set fortl	nt Directive is being p	provided to the Cus	stodian under the applical	ble Custodial Agree	ement and, therefore, the	undersigned is subject to, and
without limitations, the indemnity, hold harmless other things, the Custodian is not responsible to	, release and defense p	provisions containe	d in such documents), which	ch documents are i	ncorporated herein by ref	erence to the effect that, among
proper person (which direction may be by facsim presented by the Account Owner or other proper	ile or other form accep r person) within a suffi	otable to the Custoo icient period of tim	dian and upon which it ma ne for such direction to be	ly rely so long as it l accomplished in ac	pelieves such direction to cordance with the Custo	be genuine and to be signed or
(without regard to whether Custodian has under	taken efforts to comply	y with such directiv		ent funds are availa	ble in the Account.	
Account Owner's Signature	Da		Signatur	e of Custodian		Date
Account Owner 3 Signature	Da		Jigilatui	c or castodian		Date