

ACH Debit Authorization

COLUMBIA PRIVATE TRUST'S DIRECT PAYMENT PLAN

Use this form to authorize Columbia Private Trust to debit your firm's checking or savings account in order to make payments to one or multiple Columbia Private Trust accounts. The authority you give Columbia Private Trust to charge your account will remain in effect until you notify us in writing to terminate this authorization. On the first page, fill in the information regarding your account. On the second page, fill in information about the third party. NOTE: An authorized signer on your bank account must sign page 2.

1. INVESTMENT INFORMATION

INVESTMENT NAME (I.E. NAME OF ASSET. IF LLC, LP OR C-CORP, SEE REAL PROPERTY OR NOTES CHECKLISTS)

COLUMBIA PRIVATE TRUST ASSET ID (IF KNOWN)

ACCOUNTS & AMOUNTS

If listing more than seven accounts, please attach a corresponding spreadsheet. Attach amortization schedule, if applicable.

1	COLUMBIA PRIVATE TRUST ACCOUNT OWNER NAME	COLUMBIA PRIVATE TRUST ACCOUNT NO.	AMOUNT \$	PURPOSE OF PAYMENT ¹
2			\$	
3			\$	
4			\$	
5			\$	
6			\$	
7			\$	

¹e.g. "Dividend," "Principle," "Interest," "Rental Income," etc.

DEBIT DETAILS

Please ensure that sufficient funds are available on the desired debit date, which CANNOT BE the 29th, 30th or 31st of the month. Your Financial Institution may not process the transaction if sufficient funds are not available and Columbia Private Trust will not request the funds again until the following debit date. Cancellation of recurring debits must be submitted in writing. Modification of an existing recurring debit must be updated using this form.

Frequency: Monthly Quarterly Annually One-Time: MM DD YYYY

Day of month
to debit your account: DD

Date to begin debit: MM DD YYYY End date
(if applicable): MM DD YYYY



2. AUTHORIZING PARTY INFORMATION

FIRM NAME

CONTACT NAME

CONTACT PHONE NO.

3. ACH AUTHORIZATION

I, _____ (bank account holder) authorize Columbia Private Trust to initiate electronic debit entries to checking account (or) savings account held in the name of _____ (bank account holder) for payments related to investments held within one or more Columbia Private Trust accounts. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authority will remain in effect until I have canceled it in writing.

4. WHERE TO DEBIT ACH PAYMENTS

FINANCIAL INSTITUTION

CONTACT PHONE NO.

ACCOUNT NO.

ABA/ROUTING NO. (9 DIGITS)

5. TERMS & CONDITIONS

Please ensure that your bank account is enabled to accept our incoming ACH debit. If you employ ACH blocks or filters, your account information must be modified to accept Columbia Private Trust originated entries. Columbia Private Trust will employ a system of generating prenotification entries prior to initiating live transactions to your bank account. Your bank can use the information that they receive in the prenotification to insure that your account is correctly modified to accept live transactions.

I authorize Columbia Private Trust to (1) initiate debit entries to my account indicated above, and (2) to initiate reversals to my Financial Institution account of erroneous or duplicate entries and to credit such account as appropriate. This authorization will remain in full force and effect until Columbia Private Trust receives written notification from me of the service's termination. Columbia Private Trust must receive any such notification in a time and manner so as to give Columbia Private Trust and my Financial Institution a reasonable opportunity to act on it.

I agree to release, indemnify, defend and hold Columbia Private Trust and its related entities harmless for any claims arising out of this/these payment(s). This includes, but is not limited to, claims that this/these payment(s) is/are not prudent, proper, legal or diversified. I also understand and agree Columbia Private Trust and its related entities will not be responsible to take action should the investment noted herein become subject to default, including fraud, insolvency, bankruptcy, or other court order or legal process. These instructions are further subject to all terms and conditions of the Account Owner's Custodial Agreement within Columbia Private Trust and all applicable State and Federal laws.



BANK ACCOUNT OWNER SIGNATURE

DATE

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NON-DEPOSIT INVESTMENT PRODUCTS ARE NOT INSURED BY THE FDIC; ARE NOT DEPOSITS OR OTHER OBLIGATIONS OF, OR GUARANTEED BY, THE BANK OR ANY OF ITS DIVISIONS; AND ARE SUBJECT TO INVESTMENT RISKS, INCLUDING POSSIBLE LOSS OF THE PRINCIPAL AMOUNT INVESTED.

Upload forms to:
ColumbiaPrivateTrust.com/Upload
Fax to: 303.614.7031

Send mail to:
Columbia Private Trust
Processing Center
P.O. Box 981012
Boston, MA 02298

For express deliveries:
FIS-Remittance Processing
Loading Dock #2
Attn: Columbia Private Trust
10 Dan Road
Canton, MA 02021

Questions?
Call 800.962.4238

