

# Electronic Statement and Payment Authorization Form



**Form Instructions:** Please complete all fields on the form. Before it can be processed, please have it signed by an authorized signer at your firm. The completed form may be returned to American Century Investments® by fax at 1-888-327-2017 or email to [intops@americancentury.com](mailto:intops@americancentury.com)

## 1 Firm Information

Firm name, hereafter referred to as the "Firm"

Firm number with American Century Investments

## 2 Contact Information

First name

Middle initial    Last name

Email address

Job title

Telephone number

## 3 Electronic Payment Options

**Please indicate which payments you want to receive electronically and the payment method for each:**

- |   |   |                          |
|---|---|--------------------------|
| <input type="checkbox"/> Regular Commissions                | <input type="checkbox"/> ACH or <input type="checkbox"/> NSCC | NSCC Participant # _____ |
| <input type="checkbox"/> 12b-1 Trails                       | <input type="checkbox"/> ACH or <input type="checkbox"/> NSCC | NSCC Participant # _____ |
| <input type="checkbox"/> Service (SubTA, Per Account, etc.) | <input type="checkbox"/> ACH or <input type="checkbox"/> NSCC | NSCC Participant # _____ |

**This will be the payment method for both mutual funds and Learning Quest 529 payments unless otherwise noted. If selecting ACH, please provide us with your firm's ACH banking instructions:**

Bank name

Routing number

Bank account number

Account name/registration

For further credit/additional information

- Checking    OR     Savings
- Check this box if this bank account cannot receive ACH payments.  
If checked...
- Trailer payments will be sent via wire
  - Regular commission payments will be sent via check

## 4 12b-1/Service Electronic Statement Options

Please indicate the format in which your firm would like to receive 12b-1/Service statement details (this is not applicable if the NSCC payment option was selected in step 3).

xls       pdf

Please indicate email addresses that should receive these statement details.

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Name	Email address	Telephone number
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Name	Email address	Telephone number
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Name	Email address	Telephone number
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**NOTE:** If you would like to receive mutual fund commission detail electronically, please visit [dstidc.com](http://dstidc.com) and register. For Learning Quest 529 product, please visit [529QuickView.com](http://529QuickView.com).

## 5 Authorization

I, a duly authorized officer of the Firm, hereby authorize American Century Investment Services, Inc. or its affiliates (collectively, "American Century") to initiate credit entries to the account listed on this form. The Firm also agrees that debit entries may be made to the same account as necessary to correct erroneous credit entries previously initiated. The Firm agrees that this authorization will remain in force until American Century receives a written notice of cancellation and has a reasonable opportunity to act on it. This authorization for electronic payment amends all applicable agreements in force between the Firm and American Century.



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**Signature of authorized signer**

**Date**

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**Printed name**

**Title**

Accepted and agreed by American Century:



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**Signature of authorized American Century officer**

**Date**

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**Printed name**

**Title**