

MH Elite Portfolio of Funds Trust

ACH/Direct Deposit Authorization Form

1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

2. Payee Information

Name:

Address:

Account Number: 2208 _____

Phone Number:

Email Address:

3. Financial Institution Information

Bank Name:

Bank Address:

Bank Phone Number:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account: CHECKING (include voided check)

SAVINGS (include deposit slip)

4. Approvals/Authorizations – I certify that the information provided on this form is correct, and I hereby authorize MH Elite Portfolio of Funds Trust to electronically deposit payments to the bank account designated above. It is my responsibility to notify MH Elite Portfolio of Funds Trust at Info@mhelite.com or (800)318-7969 immediately if I believe there is a discrepancy in the amount deposited to my bank account. I understand that I must notify MH Elite Portfolio of Funds Trust of any changes to my banking information. I understand that this authorization will remain in full force and effect until MH Elite Portfolio of Funds Trust has received notification requesting a change or cancellation.

Print Name: _____ Signature: _____ Date: _____

Print Name: _____ Signature: _____ Date: _____

Return Completed Form To:

MH Elite Portfolio of Funds Trust

43 Highlander Drive

Scotch Plains, NJ 07076

Or email hmerison@mhelite.com