Automatic Investment Plan Form

Name		Volumetric Account #	
Address		Birth Date	
City	State	Zip Code	
Social Security Number		Email	
Home Phone #		Cell Phone #	
monthly (every other month), or qua and complete the information below a voided check is not necessary. Plea automatic investment debits from yo	rterly period. If you was If the bank account is ase note, when opening ur bank will start there		led check the Fund
Amount to automatically in	vest (minimum \$100 p	per transaction) \$	
Frequency of investment:	Monthly	Bi-monthly (every other month) Quarte	rly
Day to invest: 5th I	Day of the Month	20th Day of the Month	
Date you would like Autom	atic Investment Plan t	o begin (Allow 1 to 2 weeks for processing):	
Account Information:			
Set up my automatic investment base	ed on the check provid	led and the below information:	
Name(s) on Bank Account		Bank Account Number	
Name of Bank		_	
Bank's Address, City, State, Zip			
Bank's Routing Number (check with	bank for number or in	nsure your bank's phone number is provided above)	
	is given. Volumetric	authorized and request Volumetric Fund to debit my ban will not be responsible for any liability, including over-	
Signature		Date	
Signature of Joint Owner		Date	