

# ACH Authorization



IntegrityVikingFunds®

THE NICHE FUND GROUP

**Please mail original copy of this form to:**

Integrity Fund Services, LLC  
PO Box 759  
Minot, ND 58702-0759

Integrity Fund Services, LLC  
PO Box 759 | Minot, ND 58702-0759  
800-601-5593 | Fax 701-852-2548  
www.integrityvikingfunds.com

Dividends    Redemptions    Purchases

## Account Information

Account Registration (as it appears on statement)

Fund Account Number

Street Address

City

State

Zip

Home Phone

Work Phone

Email

## Bank Information

**A voided check from a U.S. bank MUST be attached to this form for verification.**

Checking

Savings

Name(s) on Bank Account (must be same names as Integrity Viking Funds account)

Name of Bank

Bank Account Number

Routing / ABA Number

Address of Bank

City

State

Zip

## Letter of Instruction

**Please explain the nature of your request below:**

Dear Integrity Viking Funds,

**Each account owner makes the following certifications:**

- I have provided accurate and complete information.
- I have read and agree to all applicable account information.
- I have review the current prospectus for the Fund and accept the terms therein.
- I understand this agreement may be terminated at any time with written notification to Integrity Fund Services, Inc.
- I understand the signatures of all account holders are required and included below.

**X**

Owner Signature

Date

**X**

Joint Owner Signature

Date

Print Full Name

Print Full Name