COMMUNITY TRUST I RECURRING ELECTRONIC DEPOSIT FORM

Date: _____/_____/_____ **Beneficiary Account Number:**_____

Beneficiary Name: _____

Address:_____

_____

Phone: (____) _____-_____ Email:_____

Individual Submitting Form:_____ ☐ Self ☐ Authorized Rep.

RECURRING MONTHLY DEPOSIT DETAILS

Monthly Deposit Day (1 - 28):

Month to Begin (MM/YYYY):

Monthly Deposit Amount:

Monthly Deposit Request: ☐ New ☐ Change ☐ Delete

Account Type:

☐ Checking ☐ Savings

Account #:

Routing #:

Attach a voided check or letter/statement from your bank indicating the account and routing number. Changes to your deposit amount do not require a new check copy. If signing as an agent, attach a copy of the Power of Attorney (POA) unless one is already on file.

Submit completed and signed forms and accompanying documentation to:

ATTN: Cheryl Emory

Existing Accounts: request@mychoicetrust.org

New Accounts: intake@mychoicetrust.org

Mail: 6611 Manlius Center Road, Second Floor, East Syracuse, NY 13057

☐ *I am an authorized signer on this bank account requesting to initiate monthly recurring deposits.*

_____ _____ _____ _____

Signature of Authorized Signer of Bank Account Date (MM/DD/YYYY)

I authorize My Choice Trust Services to initiate recurring monthly ACH withdrawals from my bank account as specified in this authorization. If a scheduled withdrawal date falls on a weekend or a bank holiday, the withdrawal will be initiated on the next business day. I understand that any changes to this authorization must be submitted in writing at least 10 business days prior to the next scheduled withdrawal date. In the event that an ACH transaction is rejected due to Insufficient Funds (ISF), I authorize My Choice Trust Services, at its discretion, to attempt to process the charge again within 30 days, and I agree to a $25 fee for each such attempt. I agree not to dispute these transactions with my bank as long as they conform to the terms set forth in this authorization, Should I dispute in violation to this agreement, I understand that My Choice Trust Services reserves the right to pursue legal action to recover any resulting overdraft or negative balance.

Monthly E-Deposit Form Instructions

Authorized Signer on Account: Clearly print the name of the authorized signer on the bank account who is completing this form, if not the beneficiary.

Monthly Deposit Day: Clearly indicate what day of the month you would like the funds withdrawn from the indicated bank account each month. If the date selected falls on a weekend or holiday in a particular month, the funds will be withdrawn on the next business day. Days between 1 and 28 only will be accepted.

Month to Begin: Clearly indicate the month you would like deposits to begin, We must receive this form and have your account set up at least 10 business days in advance of the date selected to ensure timely monthly deposits.

If setup cannot be completed by the selected date, deposits will start the following month. In this instance, we will contact you to set up a one-time deposit until monthly deposits begin.

Deposit Amount: Clearly indicate the amount to be withdrawn for the bank account on a monthly basis. For deposits of excess income, the amount must be equal to or greater than your monthly spend-down.

Please ensure all fields are accurate and complete. Missing or incomplete information may delay processing.
To change a monthly deposit, allow 5-10 business days for processing.
To stop monthly deposits, call the Director of Trust Services immediately at (866) 427-3575.

Submit complete and signed forms and attach a copy of a voided check or bank letter to the following:

ATTN: Cheryl Emory
Existing Accounts: request@mychoicetrust.org
New Accounts: intake@mychoicetrust.org
Mail to: 6611 Manlius Center Road, Second Floor, East Syracuse, NY 13057

Please contact the Director of Trust Services at contactus@mychoicetrust.org or call (866) 427-3575 for questions or assistance.