



COMMUNITY TRUST ONE-TIME ELECTRONIC DEPOSIT FORM

Date: ____/____/____

Beneficiary Account Number: _____

Beneficiary Name: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Individual Submitting Form: _____ ☐ Self ☐ Authorized Rep.

ONE-TIME ELECTRONIC DEPOSIT

Please allow up to 5 business days for processing from the date of receipt

Amount: \$

Account Type:

Account #:

☐ Checking ☐ Savings

Routing #:

☐ 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)

By signing above, you are in agreement that if the transaction is rejected due to insufficient funds, My Choice Trust Services may attempt to process the charge again, and an additional \$25 per attempt will be charged to your account; and you will not dispute these charges with the bank as long as the transactions align with the terms stated on this form.

- Please ensure all fields are complete, clear, and accurate to avoid delays in processing.
- Please clearly print the name of the person submitting the form if other than the Beneficiary. This individual must be an authorized signer on the savings or checking account.
- Submit completed form by email or mail; and attach a copy of the check on a separate page.

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