Form T-310 (Rev 3/2026)

NYSARC TRUST SERVICES

Automatic Payment Application

*****Applications lacking information, a signature, or required documentation may cause delay.*****

Beneficiary Name: _____ Account #: _____

Authorized Individual Submitting Form: _____
(please print)

To qualify: Automatic payments must be the same amount every month and paid every month. Submission of this form does NOT guarantee Automatic payments will be eligible. *See page 2 for required documentation and other instructions.*

Automatic Payment Application: ☐ **New** ☐ **Change** ☐ **Stop**

Type of Payment:
- ☐ **Rent/Mortgage/Maintenance/Condo Fees**
- ☐ **Car Loan/Lease**
- ☐ **Pre-Need Funeral Arrangements (Medicaid Irrevocable)**
- ☐ **Gas and/or Electric Bill (must be same amount each month)**
- ☐ **Other monthly expense (must be same amount each month)**

Requested monthly Autopay amount: $ _____

****Payment date must be **4 days after** deposit date****

Requested mailing date: _____ **Month to begin:** _____

Make Check Payable to: _____

Account #: _____

Mailing Address: _____

_____

_____
Signature

SIGNOR AGREES TO THE FOLLOWING:

1) I am the Beneficiary and/or a contact authorized to request disbursements for this account.
2) Proof of payment is required prior to reimbursement.
3) Requested disbursement is an actual expense for the sole benefit of this Beneficiary.
4) It is the sole responsibility of the Beneficiary or their representative to determine the impact of this disbursement on continuing eligibility for government benefits.
5) Repayment will be sought for duplicate disbursements or disbursements issued after the death of the Beneficiary.
6) Requests and supporting documentation must be received prior to the death of the beneficiary.

This form must be submitted three (3) weeks prior to the requested payment start date. Please plan accordingly.

Submit **complete and signed** forms to:

Online at: portal.nysarctrustservices.org
Email: trustrequest@nysarc.org
Fax #: (518) 439-2670
Mail: PO Box 1531, Latham, NY 12110

Complete an ***ACH Payment Authorization Form*** to request to have reimbursements and select vendors paid electronically going forward.

Automatic Payment Application Instructions

Requested Monthly Automatic Payment Amount: The total amount of all scheduled automatic payments is reserved in your account at the beginning of each month to ensure funds are available on your scheduled payment date/s.

Maximum Automatic Payment Amount: At least $10.00 of your deposit amount must remain in your account each month to cover monthly bank fees and the annual cost of tax preparation and audit.

*Use the formula below to calculate the **maximum** monthly amount you can request for Automatic Payment:*

1) Enter your monthly deposit amount	$ _____
2) Subtract your monthly NYSARC administrative fee	- $ _____
3) Subtract $10.00 (amount to remain in your account each month)	- $ $10.00
4) Subtract lines 2&3 from line 1	
Maximum Monthly Autopay Amount =	_____

Required documentation to be on file with NYSARC Trust Services:

You must notify NYSARC in a timely manner of any changes to scheduled automatic payment(s) by providing a new Automatic Payment Application and documentation supporting the changes.*

Rent: A current lease or payment coupon indicating the Beneficiary as tenant is required to be on file.
(Note: leases between spouses will not be honored)

Mortgage: A copy of the mortgage statement or payment coupon indicating Beneficiary as mortgagor must be on file. If the statement or payment coupon is not in the Beneficiary's name, we will require a copy of the property's deed, or proprietary lease (Co-op Apartment). We will also require a copy of the family trust, if the trust is listed on either the mortgage statement, deed, or proprietary lease.

Maintenance/Condo Fees: A copy of the annual contract or monthly payment coupon indicating the beneficiary as property owner must be on file. If the annual contract or monthly payment coupon is not in the Beneficiary's name, we will require a copy of the property's deed or proprietary lease (Co-op Apartment). We will also require a copy of the family trust, if the trust is listed on either the annual contract, monthly payment coupon, deed, or proprietary lease.

Irrevocable Pre-Need Funeral Arrangements: A copy of the Medicaid eligible Irrevocable Pre-Need contract AND an itemized copy of the list of goods and services chosen must be on file and approved prior to initiating automatic payments.

Car Loans/Leases: A copy of the lease/loan agreement or a copy of a monthly statement, must be on file AND must indicate the end of the loan/lease term. We will also require a copy of the title and registration, which must be in the Beneficiary's name. If the payment is a lease, the original lease agreement will be required in lieu of the title.

Gas & Electric: A copy of the billing statement in the beneficiary's name, or indication that the service is for the beneficiary is required. The account must be on or eligible for balanced billing/level-payment plan. Only gas and electric bills that are the same amount each month are eligible for automatic payment (for example: National Grid on "Budget Plan"). An updated billing statement and a new Automatic Payment Application is required for any changes.

Other Monthly Expense (must be the same each month): A copy of the billing statement in the beneficiary's name, or indication that the service is for the beneficiary is required. Scheduled payments must be the same amount and paid monthly. Submission of the request is not a guarantee the request will be eligible for automatic payment.