

Send Deposit Slip & Payment via Regular Mail To:

NYSARC, Inc. Community Trust
PO Box 1788
Albany, NY 12201-1788
*only send deposit checks to this address

New Account Deposit Slip

Use this form for initial deposit only – <u>minimum opening deposit is typically \$300.00</u> (<u>See applicable fee schedule</u>). (Personal Check, Money Order, or Bank Check)

Beneficiary Name (Last, First):

Beneficiary Phone:	Beneficiary E-mail:
Beneficiary Address:	
Deposit checks are sent directly to the bank at the addr mail ONLY. This mailbox cannot accept Fedex or over	ress listed on the deposit slip below. Please send checks via standard rnight deliveries.
	ess. DO NOT send the Joinder Agreement or any other may result in additional fees to cover the overnight mailing charges
	funding does not guarantee acceptance in the trust. If the account is s rejected for insufficient funds, NYSARC Trust Services may
form). Please complete the Electronic Deposit Form to	rust with a One-time Electronic Deposit (see Electronic Deposit of apply for this service and if you wish to set up Monthly Electronic aload this form from our website at www.nysarctrustservices.org.
For additional inquiries, please contact our Customer Service Department at (518) 439-8323 or (800) 735-8924.	
FOLD HERE AND ENCLOSE CHECK for a MINIMUM of \$300.00	
One-time Deposit Slip	
Make check payable to: NYSARC, Inc. Community Trust	
Beneficiary Name:	
Mail Danasit to	Amount:
Mail Deposit to: NYSARC, Inc. Comn	nunity Trust (One check per deposit slip)
PO Box 1788	
Albany, NY 12201	