



FAX
EMAIL
or MAIL

Attn: Accounting
NYSARC Trust Services
PO Box 1531
Latham, NY 12110
Fax: (518) 439-2670
Email: trustrequest@nysarc.org

Electronic Deposit Form

Beneficiary Name (Last, First): _____ Account Code: _____
(Leave blank for pending applicants)

Beneficiary Phone: _____ Beneficiary E-mail: _____

Authorized Individual Submitting Form (See instructions page): _____

You can complete both sections to make a one-time deposit to fund the trust and set up monthly electronic deposits to begin as early as the month following receipt of this form.

Section A: Monthly Electronic Deposit

(See instructions on page 2)

Monthly Deposit Date (Circle One): 1 4 6 8 11 15 18 22 25

Month to Begin: _____ Account Type: Checking Savings

Deposit Amount: \$ _____ New Change Delete

Section B: One-time Electronic Deposit:

(See instructions on page 2)

Deposit Amount*: \$: _____ Account Type: Checking Savings
(typically minimum of \$300 for initial deposit)

*One-time deposits are processed upon receipt of this form. Please allow up to 5 business days for processing from the date of receipt. *To pay a spend-down with your initial deposit, this amount must be equal to or greater than the amount of your spend-down (for spend-downs less than \$300).*

You must be an authorized signer on this bank account to sign below:

Signature of Bank Account Holder: _____ Date: _____

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify NYSARC Trust Services in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next withdrawal date. If this communication is not received 15 days prior, requested changes may not go into effect prior to the withdrawal date. If the above noted periodic withdrawal date falls on a weekend or holiday, I understand that the payment will be executed on the next business day. If an ACH transaction is rejected for Nonsufficient Funds (NSF), I understand that NYSARC Trust Services may at its discretion attempt to process the charge again within 30 days, and I agree to an additional \$25.00 charge for each attempt. I agree not to dispute this billing with my bank so long as the transactions correspond to the terms indicated in this authorization form. Should I do so, I understand that NYSARC Trust Services may take legal action to remediate any resulting overdraft or negative balance. For monthly electronic deposits, I attest that the amount of the requested deposit includes the Beneficiary's monthly spenddown as per Medicaid.

Attach Voided Check

You must include a copy of a voided check from your bank account with this form. This is required to verify your bank account information when setting up electronic deposits and to update your bank account information. For deposit amount changes, you do not need to include a check copy. (Do not use a deposit ticket or temporary check)

Electronic Deposit Form – Instructions

Authorized Individual Submitting Form: 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.

Monthly Electronic Deposit Date: Complete Section A to sign up for monthly electronic deposits. Please clearly indicate what day of the month you would like the funds withdrawn from your personal bank account each month for deposit into your trust account. If the date selected falls on a weekend or holiday in a particular month, the funds will be withdrawn on the next business day.

Month to Begin: The earliest date your monthly electronic deposits can begin is the month following receipt of your Electronic Deposit Form. Please allow up to 10 business days for NYSARC to set up monthly electronic deposits. You must send a physical check to the address listed on your deposit slip each month until your monthly electronic deposits begin.

Deposit Amount: Please clearly indicate the amount to be withdrawn from your personal bank account for deposit into your trust account. For monthly electronic deposits, this is generally the amount of your monthly spenddown.

One-time Deposit to Fund a New Account: Complete Section B to make a one-time electronic deposit to fund a trust account (*typically a minimum of \$300, see applicable trust fee schedule*). If a spend-down deposit is due in the month the account is established, the amount in Section B must be equal to or greater than the amount of your spend-down. Then complete Section A, if you wish to set up monthly electronic deposits in a future month following account acceptance. Please note, that Section A should never have a start date in the submitted month if also completing Section B. Receipt of this form and deposit of initial funding does not guarantee acceptance in the trust. If the account is not accepted, funds will be returned.

One-time Deposit for Existing Accounts: Complete Section B to make a one-time electronic deposit to an existing trust account. Requests will be processed 1-2 business day following receipt of the completed form. Please allow 3-5 business days for the transaction to post to your account with your banking institution.

One-time deposits are processed upon receipt. Please allow up to 5 business days for processing from the date of receipt.

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- **Please ensure all fields are accurate and complete. Missing or incomplete information may cause a delay in processing your request.**
 - **Submit completed form by fax, email or mail and attach a copy of the check on a separate page.**
 - **If you need to make changes to your monthly electronic deposit, allow 5-10 business days for processing depending on the nature of your request.**
 - **If the Beneficiary will no longer be making deposits, please contact Customer Service immediately.**
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**For additional inquiries, please contact our Customer Service Department at
(518) 439-8323 or visit us at www.nysarctrustservices.org**