

**NYSARC Trust Services**  
**Deposit Verification Authorization Form**  
For authorization of automated verification of deposits to be sent

Date: \_\_\_/\_\_\_/\_\_\_

Beneficiary Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

I, \_\_\_\_\_ authorize the individual/agency listed below to communicate with NYSARC Trust Services and to receive monthly verification of deposits for my NYSARC Trust Services account.

Name: \_\_\_\_\_

Agency (if applicable): \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Receive Deposit Confirmation by:  Mail and/or  Fax

I understand that by signing below, I am authorizing the agency and/or individual listed above to communicate with NYSARC Trust Services and requesting monthly deposit confirmations.

Signature of Beneficiary/Authorized Individual:

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If mailing this request, please submit completed form to:

NYSARC Trust Services  
P.O. Box 1531  
Latham, NY 12110  
or  
Fax: (518)439-2670

|                     |
|---------------------|
| <u>Internal Use</u> |
| Updated: _____      |
| Initials: _____     |

