

NYSARC Trust Services

Contact Authorization/Removal Form

Date: ___/___/___

Account Number: _____

Beneficiary Name: _____

I, _____ hereby **Add**/ **Remove** authorization of the individual/agency as listed below, as it pertains to this NYSARC Trust Services account.

(check all that apply):

Add as Authorized Contact with Following Permissions:

- Communicate (regarding account details)
- Receive monthly statements
- Submit disbursement requests
- Portal access

Remove as Authorized Contact on the Account, effective ___/___/___
or

Remove Authorization of the following:

- Communicate (regarding account details)
- Receive monthly statements
- Submit disbursement requests
- Portal access Email: _____

New Contact's Information:

Name: _____

Agency (if applicable): _____

Address: _____

City, State & Zip _____

Relationship: _____

Phone number: _____

Fax Number: _____

Email: _____

Signature of Beneficiary/Authorized Individual(s):

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

Please submit completed form to:

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

