

# NYSARC Trust Services

## Automatic Payment Application

**Section 1** (The information in section one (1) must be completed and submitted in order to request Automatic Payment)

Beneficiary Name: \_\_\_\_\_ Account Code: \_\_\_\_\_

**Authorized individual submitting form (please print):** \_\_\_\_\_

**To qualify:** Monthly automatic payment amount must be consistent each month. Payment date must be at least 4 days after the deposit date. Please see page 2 for required documentation in order to set up the automatic payment.

**Automatic Payment Application :**                      **NEW**                      **CHANGE**                      **STOP**

\*\*Select One of the following payment type to schedule an automatic payment\*\*

- Type of payment :**
- Rent/Mortgage/Maintenance/Condo Fees**
  - Car Loan/Lease**
  - Pre-Need Funeral Arrangements (Medicaid Irrevocable)**
  - National Grid (on “Budget Plan”)**
  - Consolidated Edison (on “Level Payment Plan”)**
  - PSEGLI (on “Balanced Billing”)**

**Requested monthly Automatic Payment amount \$** \_\_\_\_\_

**\*\*Payment date must be at least 4 days after the receipt of the monthly deposit\*\*\***

**Requested mailing date:** \_\_\_\_\_ **day of each month.**                      **Effective Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**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) Requested disbursement is an actual expense for the primary benefit of this Beneficiary.
- 3) It is the sole responsibility of the Beneficiary or their representative to determine the impact of this disbursement on continuing eligibility for governmental benefits.
- 4) Repayment will be sought for duplicate disbursements or disbursements issued after the death of the Beneficiary.
- 5) Requests and supporting documentation must be received prior to the death of the beneficiary.

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**Note: This form must be submitted at least three (3) weeks prior to requested payment start date. Please plan accordingly. Applications lacking information noted on Page 2 Section 2 may cause delay.**

**Mail to:**  
**NYSARC Trust Services**  
**PO Box 1531**  
**Latham, NY 12110**  
**Fax to: (518) 439-2670**

# NYSARC Trust Services

## Automatic Payment Application

### Section 2

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. At least \$10.00 of your deposit 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 determine 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 (this amount to remain in account each month to cover bank fees and annual tax & audit fee)	- <u>      \$10.00      </u>
4) Subtract lines 2&3 from line 1	\$ _____.

\*\*\*Please note, the amount on line four (4) above is the maximum monthly Automatic Payment amount allowable.\*\*\*

### **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 indicating 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 with fixed recurring monthly payments are eligible for automatic payment for the vendors noted on this form (for example: National Grid on "Budget Plan"). An updated billing statement and a new Automatic Payment Application is required for any changes.