

# 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 only** Authorization of the following:

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

**Contact's Information:**

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

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

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

City, State & Zip: \_\_\_\_\_

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

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

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

Email: \_\_\_\_\_

Signature of Beneficiary or Authorized Individual(s):

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

Please submit completed form to:

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

