NYSARC TRUST SERVICES

RETURN THIS FORM BY EMAIL, FAX, OR MAIL

NYSARC Trust Services
PO Box 1531
Latham, NY 12110

Fax: (518) 439-2670
Email: trustrequest@nysarc.org

Disbursement Electronic Payment Authorization Form

Complete this form to authorize NYSARC to issue electronic payments to a person or business through ACH payment. ***Please allow up to 15 days to process.*** *This form is to set up the method of payment for all future payments to individual people, landlords, and other smaller vendors. You must submit a disbursement request form or automatic payment application to request payment. If a payment is rejected, NYSARC will issue a check to the address on file within 3 business days of being notified of the rejected payment.*

Beneficiary Name (Last, First): _____ **Account Code:** _____

Payee/Recipient Bank Account Information

Please provide the name, legal address, and banking information for the payment recipient. ***The beneficiary or their spouse CANNOT receive payment from the trust or be listed on an account that receives payment.***

I hereby authorize NYSARC to initiate electronic payments by pre-authorized electronic funds transfer to the following bank account:

Payee Name: _____

Payee Email: _____

By providing an email, you opt-in to receive email updates from NYSARC regarding transactions.

Payee Account Number: _____

Routing Number (9 Digits): _____ _____ _____ - _____ _____ _____ - _____ _____ _____

Indicate Account Type: ☐ Checking Account **OR** ☐ Savings Account
☐ Personal **OR** ☐ Business

Important Documentation Requirements

You must provide one of the following documents to establish ACH payments to an individual or business:

☐ A copy of a voided check with the name and address of the payee/recipient

☐ A letter from the bank with the recipient's name, address, and banking information

For questions, please contact Customer Service at (518) 439-8323 or visit www.nysarctrustservices.org