



One-time Electronic Deposit Form

Contact Details

Beneficiary Name: _____ Account #: _____
 (leave blank for new accounts)

Contact Phone: _____ Contact Email: _____

Name of Authorized Signer on Account: _____
 (if other than the Beneficiary)

One-time Electronic Deposit Request

One-time deposits are processed upon receipt of this form. Please allow up to 5 business days for processing from the date of receipt.

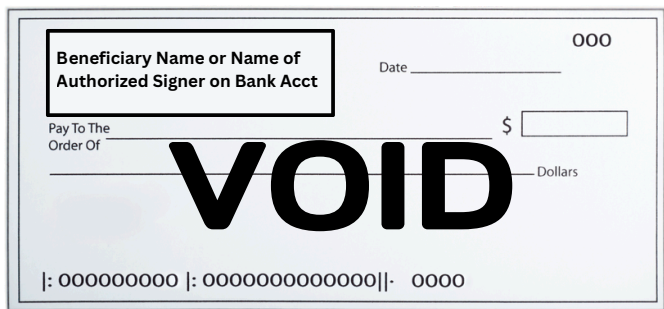
Account Type:

One-time Deposit Amount: _____ Checking Savings

*Initial deposits must be **at least \$300**, see applicable fee schedule. For spend-down deposits, the amount **must be equal to or greater than** the required spend-down.

Attach a voided check or letter/statement from bank indicating the account and routing #.

If signing as an agent, attach a copy of the Power of Attorney (POA) unless one is already on file.



Submit **complete and signed** forms to:

ATTN: Accounting

Online at: portal.nysarctrustservices.org

Existing Accounts: trustrequest@nysarc.org

New Accounts: intake@nysarc.org

Fax #: (518) 439-2670

Mail: PO Box 1531, Latham, NY 12110

I am an authorized signer on this bank account requesting a one-time electronic deposit.

Signature of Authorized Signer of Bank Account

Date

*I authorize NYSARC Trust Services to initiate a one-time ACH withdrawal from my bank account as specified in this authorization. In the event an ACH transaction is rejected due to **Insufficient Funds (ISF)**, I authorize NYSARC Trust Services, at its discretion, to attempt to process the charge again within **30 days**, and I agree to a **\$25 fee** for each such attempt. I agree not to dispute these transactions with my bank as long as they conform to the terms set forth in this authorization. Should I dispute a transaction in violation of this agreement, I understand that NYSARC Trust Services reserves the right to pursue legal action to recover any resulting overdraft or negative balance.*

One-time E-Deposit Form Instructions

Authorized Signer on Account: Clearly print the name of the authorized signer on the bank account who is completing this form, if other than the beneficiary.

Deposit Amount: Clearly indicate the amount to be withdrawn for the bank account as a one-time electronic deposit. For deposits of excess income, the amount must be equal to or greater than your monthly spend-down.

Attach voided check: You must attach a copy of a blank, voided check each time you request a one-time deposit. If you do not have a check, please provide a letter/statement from bank indicating the account and routing #.

One-time Deposit Requests: Requests are typically processed in 1-2 business days following receipt of a completed and signed form but may take up to 5 business days. Receipt of this form and deposit of initial funding does not guarantee acceptance in the trust. If the account is not accepted, funds will be returned.

- **Please ensure all fields are accurate and complete. Missing or incomplete information may delay processing.**
- **See submission instructions below and attach copy of a voided check or bank letter on a separate page.**
- **To change or stop a deposit, contact us immediately at (518) 439-8323 and allow 5-10 business days for processing.**

Submit **complete and signed** forms to:

ATTN: Accounting

Existing Accounts: trustrequest@nysarc.org

New Accounts: intake@nysarc.org

Fax # (518) 439-2670

Online at: portal.nysarc.trustservices.org

Mail to: PO Box 1531 Latham, NY 12110

For questions or assistance, please call (518) 439-8323.