



## CLIENT AUTHORIZATION FOR DIRECT TRANSFER VIA ACH (ACH DEBIT)

Special Needs Trust for \_\_\_\_\_  
*Name of Beneficiary*

Direct Transfer via ACH is the transfer of funds from a consumer account for the purpose of making a deposit. I authorize **AGED, Inc.** to electronically debit my checking account, and if necessary, electronically credit my account to correct erroneous debit(s). I agree that ACH transactions I authorize comply with all applicable law.

This form is to transfer funds from a consumer checking account. Should you want to transfer funds from a savings account, please contact AGED, Inc. at (407) 682-4111.

Individual's Name as It Appears on Bank Account: \_\_\_\_\_

Checking Account Financial Institution Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

**PLEASE ATTACH A VOIDED CHECK OR LETTER FROM THE BANK WITH CHECKING AND ROUTING INFORMATION**

Amount Authorized: \$ \_\_\_\_\_

Debit my account on the \_\_\_\_\_ day of the month\*, starting in \_\_\_\_\_ (month).

\*Important Note: If the date selected falls on a weekend for the initial (first) deposit, there may be a slight delay in when funds are deducted from your account.\*

I understand that this authorization will remain in full force and effect until I notify AGED, Inc. in writing, (1607 Cherrywood Lane, Longwood, FL 32750) or via email (paymybills@trustaged.org) that I wish to revoke this authorization.

*I understand that AGED, Inc. requires at least 10 days prior notice in order to cancel this authorization.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

For Internal Use by AGED, Inc. Staff				
<input type="checkbox"/> ACH Confirmation Letter Returned	<input type="checkbox"/> Charlotte	<input type="checkbox"/> SunTrust	<input type="checkbox"/> Scanned	<input type="checkbox"/> Approved