

1024 Florida Central Pkwy Longwood, FL 32750

Phone: 407-682-4111 Fax: 407-682-5511 www.TrustAGED.org

Revised: 04/09/24

CLIENT AUTHORIZATION FOR DIRECT TRANSFER VIA ACH (ACH DEBIT)

Special Needs Trust for				(Beneficiary Name)			
I aut	ct Transfer via ACH is the tra horize AGED, Inc. to electron unt to correct erroneous debit	nically debit m	y checking	account, and	l if necessary, ele	ctronically credit n	ny
	form is to transfer funds from		_		d you want to tra	nsfer funds from a	
Indi	vidual's Name as It Appears o	on Bank Accou	nt:				
Che	cking Account Financial Insti-	tution Name: _					_
Routing Number:			Ac	Account Number:			
RO	CASE ATTACH A VOIDED UTING INFORMATION Dunt Authorized: \$					CHECKING AN	D
☐ Monthly Transfer: Debit my account on the			day	_ day of every month*, starting in (month).			
□One-Time Transfer: Debit my account on the			da	_day of (month).			
_	portant Note: If the date select hen funds are deducted from			r the initial (f	irst) deposit, ther	e may be a slight d	ela
(102	derstand that this authorization 4 Florida Central Pkwy, Long ke this authorization.				•		
I und	derstand that AGED, Inc. requ	uires at least 1 0	0 days' pri	i or notice in c	order to cancel th	is authorization.	
Sign	ature of Account Holder or A	uthorized Repi	resentative	_			
Prin	ted Name and Title of Author	ized Represent	ative	_			
		For Interna	l Use by A	GED, Inc. St	aff		
	☐ ACH Confirmation Letter Returned	☐ TrueLink	□ТМ	□ Bank	□ Scanned	☐ Approved	