



1024 Florida Central Pkwy
Longwood, FL 32750
Phone: 407-682-4111
Fax: 407-682-5511

CLIENT AUTHORIZATION FOR DIRECT TRANSFER VIA ACH (ACH Debit)

Special Needs Trust for _____ (Beneficiary Name)

Direct Transfer via ACH is the transfer of funds from a consumer account for the purpose of making a deposit. This form is to transfer funds from a consumer checking account. Should you want to transfer funds from a savings account, please contact AGED Trust.

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 INSTITUTION WITH THE BANK ACCOUNT AND ROUTING NUMBER.**

Amount Authorized: \$ _____

Select One:

Monthly Transfer: Debit my account on the _____ day of every month, starting in _____ (month).

This request should amend and replace my current ACH on file.

One-Time Transfer: Debit my account on the _____ day of _____ (month).

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

By signing this I authorize AGED Trust to electronically debit my checking account, and if necessary, electronically credit my account to correct erroneous debit(s) and agree that ACH transactions I authorize comply with all applicable laws.

Signature of Account Holder / Authorized Representative

Date:

Printed Name and Title of Authorized Representative

This authorization will remain in effect until otherwise requested. Should you wish to revoke this authorization, please contact AGED Trust in writing to the address above or via email (paymybills@trustaged.org). **AGED Trust requires at least 10 days prior notice to cancel or change this authorization.**

For Internal Use by AGED Trust Staff Only

<input type="checkbox"/> ACH Confirmation Sent	<input type="checkbox"/> True Link	<input type="checkbox"/> TM	<input type="checkbox"/> Bank	<input type="checkbox"/> AGED <input type="checkbox"/> FPG	<input type="checkbox"/> Approved
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