

Direct Deposit Form

In order for funds to be directly deposited into a Foundation of The Arc of Northern Virginia Special Needs Trust, the following information is needed:

Beneficiary Name: _____

Participant Number: _____ Account Number: _____

Amount of deposit: \$_____ Date (first) deposit should come in: _____

Frequency of deposit: _____ one time _____ monthly _____ other: _____

Originating Account:

Name of account: _____

Account number: _____

Bank/Institution: _____

***Please note:** Funds coming into trust accounts by direct deposit are deposited into a Key Private Bank Demand Deposit Account (DDA) and then transferred into the appropriate participant trust. This process may take up to five (5) business days. Inaccurate information provided on this form may delay the deposit.

Recurring funds for direct deposit have to meet the following conditions:

1. Same amount each time during the transfer
2. Transferred on the same date of the selected frequency

Please sign and date below and return this form to the Assistant Director of Trusts.

Assistant Director of Trusts
The Arc of Northern Virginia
2755 Hartland Rd. Suite 200 Falls Church, VA 22043
703-208-1119 Ext. 103
703-208-0906 (Fax)
EGu@thearcofnova.org

Once this form is received and reviewed by the Trust Manager, the Trust Manager will contact you to provide you the routing and account numbers for direct deposit.

Thank you.

Print Name

Signature

Date

Trust Department, Foundation of The Arc of Northern Virginia