

ACH Payment Authorization Form

In order for funds to be electronically deposited into a Special Needs Trust via ACH, the following information is needed:

Beneficiary Name: _____ Participant Number: 800 ____

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

Frequency of deposit: ____ one time ____ monthly

Originating Account Information:

Account Holder's Name: _____

Routing number: _____ Account number: _____

Bank/Institution Name: _____

Type of bank account: ____ checking ____ savings

***Please note: Funds coming into trust accounts via ACH are first deposited into a Key Bank Demand Deposit Account (DDA) and then transferred into the appropriate participant's trust. This process may take up to ten (10) business days. Inaccurate information provided on this form may delay the deposit.**

By signing below, I authorize scheduled charges to my checking/savings account. I will be charged the amount indicated above. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. I agree no prior-notification will be provided unless the date or amount changes, in which case I will notify The Arc of Northern Virginia Trust Department at least 10 days prior to the payment being collected. I understand that this authorization will remain in effect until I cancel it in writing. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of the U.S. law. I certify that I am an authorized user of this bank account and will not dispute this (or these scheduled) transaction(s) with my bank.

Please return the signed form to the Assistant Director of Trusts via mail, email or fax.

The Arc of Northern Virginia
2755 Hartland Rd. Suite 200 Falls Church, VA 22043
703-208-1119 Ext. 103
703-982-7138 (Private fax)
evelyn.gu@thearcofnova.org

Print Name

Signature

Date