TO SUBMIT THIS FORM

E-Mail: Trust@thearcoftexas.org

FAX: 512-454-4956

MAIL: 8001 Centre Park Drive, Suite 100 Austin, Texas 78754



DISBURSEMENT D	IRECT DEPOSI	IT AUTHORIZATION FORM
Beneficiary:		mary Rep (PR):
Sub-Account Number:		Phone:
Date:	PR F	Email:
★ ATTACH COPY OF VOIDE	ED CHECK OR	R A BANK LETTER TO THIS FORM ★
receiver of funds) hereby authorize T to my account listed below. I acknowle by my financial institution. I also authorize T to my financial institution.	The Arc of Texas ledge that I am re orize The Arc of T a credit entry is r s a copy of a voic	, (bank account holder, s Master Pooled Trust to allow a direct deposit responsible for any fees assessed on my account Texas Master Pooled Trust to make withdrawals made in error. I understand that The Arc of ided check or a letter from the bank with the unt holders' names.
· • —	ete information su	r Pooled Trust responsible for any delay or loss supplied by me or by my financial institution or ceiving funds into my account.
•	ry Representative	f Texas Master Pooled Trust receives a written ve, myself or until I submit a new Disbursement as Master Pooled Trust.
	ACCOUNT INFOR	RMATION
Account Holder's Name (recipient of functions of ABA/Routing Number:		ccount Number:
BENEFICIARY'S NAME (PLEASE PRINT):		
SIGNATURE of Account Holder (RECIEVER OF	⁻ FUNDS):	DATE:
SIGNATURE of Primary Representative:		DATE:

Please allow **5-8 business days for processing**. Incomplete forms will be returned to the Primary Representative. VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms

Updated 5/1/2022 FORM G