

TO SUBMIT THIS FORM
E-Mail: Trust@thearcoftexas.org
FAX: 512-454-4956
MAIL: 8001 Centre Park Drive, Suite 100
Austin, Texas 78754



DISBURSEMENT DIRECT DEPOSIT AUTHORIZATION FORM

| | |
|----------------------------|--------------------------|
| Beneficiary: | Primary Rep (PR): |
| Sub-Account Number: | PR Phone: |
| Date: | PR Email: |

★ ATTACH COPY OF VOIDED CHECK OR A BANK LETTER TO THIS FORM ★

In order to **receive funds** via direct deposit; I, _____, (*bank account holder, receiver of funds*) hereby authorize The Arc of Texas Master Pooled Trust to allow a direct deposit to my account listed below. I acknowledge that I am responsible for any fees assessed on my account by my financial institution. I also authorize The Arc of Texas Master Pooled Trust to make withdrawals from this account in the event that a credit entry is made in error. ***I understand that The Arc of Texas Master Pooled Trust requires a copy of a voided check or a letter from the bank with the ABA/routing number, account number and all account holders' names.***

Further, I agree **not** to hold The Arc of Texas Master Pooled Trust responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or any error on the part of my financial institution in receiving funds into my account.

This agreement will remain in effect until The Arc of Texas Master Pooled Trust receives a written notice of cancellation from the Primary Representative, myself or until I submit a new Disbursement Direct Deposit Authorization Form to The Arc of Texas Master Pooled Trust.

ACCOUNT INFORMATION

Account Holder's Name (recipient of funds): _____

ABA/Routing Number: Bank Account Number: _____

CHECK ONE:

Checking

Savings

| | |
|--|-------------|
| 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