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

The Arc of Texas MASTER POOLED trust

AUTOMATIC PAYMENT REQUEST FORM

MUST BE SUBMITTED 30 DAYS IN ADVANCE OF DUE DATE

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

Benefits (✓ all that apply)**:** ☐ **SSI** ☐ **SSDI** ☐ **MEDICAID** **TYPE** _____

For SSI recipients only: This request DOES NOT include payment for items related to food, shelter or cash ☐

The Primary Representative authorizes the Master Pooled Trust to set up an automatic payment to be withdrawn from the sub-account until the indicated end date or until the Master Pooled Trust is notified in writing to cancel the automatic payment. To cancel or make changes to an automatic payment, a minimum of 30 days notice is required and the Primary Representative must notify the Master Pooled Trust by submitting a new Automatic Payment Request Form.

Choose One: ☐ START ☐ CHANGE ☐CANCEL

Start Date: _____ End Date (if applicable): _____

AMOUNT TO BE PAID PER PERIOD (must be the same amount every period): $_____

PAYMENT IS DUE ON THE _____ OF EACH ☐ MONTH ☐ WEEK ☐ OTHER (Explain) _____

DISBURSEMENT DESCRIPTION: _____

Payment Options (Choose only one: Check, Direct Deposit or True Link Card)

☐ Check

Payee Name: _____ Memo on Check (i.e. Invoice or account number): _____

Mail Check To:

Name: _____ Address: _____

City: _____ State:_____ Zip:_____

☐ Direct Deposit

Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____

Checking ☐ OR Savings ☐ Last four (4) Digits of Bank Account Number: ☐☐☐☐

A Disbursement Direct Deposit Authorization Form MUST be completed or on file for a direct deposit to be made.

☐ True Link Card

Name of Card Holder: _____

☆ YOU MUST ATTACH A COPY OF A BILL OR INVOICE ☆

☐ *I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.*

SIGNATURE of Primary Representative:_____DATE:_____

Please allow **5-8 business days for processing**. Incomplete forms will be returned to the Primary Representative.
FEEL FREE TO MAKE COPIES OF THIS FORM. VISIT OUR WEBSITE TO DOWNLOAD THIS FORM.
www.thearcoftexas.org/trust-forms