



# COMMUNITY TRUST AUTOMATIC WITHDRAWAL FORM

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All information must be completed and submitted to request Automatic Payment at least 2 weeks prior to the requested start date. Please be sure to plan accordingly.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Beneficiary Account Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Individual Submitting Form: \_\_\_\_\_ Self Authorized Rep.

- Monthly automatic payments must be the same amount every month. Submission of this request does NOT guarantee Automatic Payment will be eligible.
- Invoices, contracts, other appropriate proof of withdrawal needs must accompany all requests.

Automatic Withdrawal Type: NEW CHANGE STOP

Type of payment: (Select One of the following payment types to schedule an automatic payment)

Rent/Mortgage/Maintenance Fees Pre-Need Funeral Arrangements (Medicaid Irrevocable)

Car Loan/Lease Other \_\_\_\_\_

Requested monthly Automatic Payment amount \$ \_\_\_\_\_

Requested mailing date: \_\_\_\_\_ day of each month. Effective Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Make check payable to: \_\_\_\_\_ Account #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Signature: \_\_\_\_\_

By signing above, you agree with the following:

- I am the Beneficiary and/or an authorized representative for withdrawals for this account.
- The requested withdrawal is an appropriate and actual expense for the sole benefit of the beneficiary of this account.
- The beneficiary and/or their authorized representative are solely responsible for any impact the requested withdrawal may have on continued eligibility for government benefits.
- All requests for withdrawals must be made and received prior to the death of the beneficiary.

Mail To: My Choice Trust Services 258 Genesee Street, Mezzanine Level, Utica, NY 13502

Email To: Request@MyChoiceTrust.org

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A minimum balance of \$15 must remain in your account monthly to cover any administrative, banking, or tax preparation/audit fees.

If you are requesting funds from a Community Trust II account, and have regular monthly deposits, please review the below formula to ensure you are not exceeding the maximum disbursement amount for monthly automatic payments.

**Example**

|  |            |
|--|------------|
| Monthly Deposit                              | + \$250.00 |
| Monthly Trust Administrative Fee             | - \$20.00  |
| Minimum Balance of \$15.00                   | - \$15.00  |
| <hr/>  |            |
| <i>Maximum Monthly Auto Payments Allowed</i> | = \$215.00 |

|  |   |
|--|---|
| Monthly Deposit                              | = |
| Monthly Trust Administrative Fee             | - |
| Minimum Balance of \$15.00                   | - |
| <hr/>  |   |
| <i>Maximum Monthly Auto Payments Allowed</i> | = |