



COMMUNITY TRUST AUTOMATIC WITHDRAWAL FORM

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, actual expense for the sole benefit of the beneficiary.
- 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

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