



NEW ACCOUNT OR HARD COPY CHECK DEPOSIT SLIP

Date: ____/____/____

Beneficiary Account Number: _____

(leave blank for pending new accounts.)

- Minimum opening deposit of \$250.00 should not be mailed until the application has been approved. Once approved, a Trust Representative will direct the beneficiary and/or responsible party to initiate the enrollment funding.
- Mail personal check, money order, or bank check with this slip directly to My Choice Trust Services, 258 Genesee Street, Mezzanine Level, Utica, NY 13502
- If you prefer to make an electronic deposit, please see our electronic deposit form.

Beneficiary Name: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

- If the check is declined due to insufficient funds, My Choice Trust Services may need to charge a fee of \$25 per the fee schedule. See applicable fee schedule on our website.

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One-time Deposit Slip

Make check payable to: My Choice Community Trust I, fbo *Your Name*

Beneficiary Name: _____

Amount: \$_____ Date: _____

Mail Deposit To: My Choice Trust Services

258 Genesee Street, Mezzanine Level

Utica, NY 13502