



COMMUNITY TRUST ONE-TIME ELECTRONIC DEPOSIT FORM

Date: ____/____/____

Beneficiary Account Number: _____

(leave acct. # blank for pending applicants)

Beneficiary Name: _____

Address: _____

Phone: (____) _____ - _____ Email: _____

Individual Submitting Form: _____ Self Authorized Rep.

ONE-TIME ELECTRONIC DEPOSIT

Amount: \$ _____

(minimum \$250 for initial deposit)

***Please allow up to 5 business days for processing from the date of receipt.*

Checking

Savings

Signature Bank Acct. Holder: _____ Date: ____/____/____

***You must be an authorized signer on this account to sign for this deposit.*

By signing above, you are in agreement that if the transaction is rejected due to insufficient funds, My Choice Trust Services may attempt to process the charge again, and an additional \$25 per attempt will be charged to your account; and you will not dispute these charges with the bank as long as the transactions align with the terms stated on this form.

- Please ensure all fields are complete, clear, and accurate to avoid delays in processing.
- Please clearly print the name of the person submitting the form if other than the Beneficiary. This individual must be an authorized signer on the savings or checking account.
- Submit completed form by email or mail; and attach a copy of the check on a separate page.

ATTACH A VOIDED CHECK

Along with this form, you must include a copy of a voided check from your bank account from which funds will be deposited. (Please do not use a deposit ticket or temporary check)

EMAIL: request@mychoicetrust.org OR

MAIL TO: My Choice Trust Services, 258 Genesee Stree, Mezzanine Level, Utica, NY 13502