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The Primary Representative authorizes the Master Pooled Trust to set up an automatic payment to be withdrawn from the sub-account. To cancel or make changes to an automatic payment, a minimum of 30 days' notice is required and the Primary Representative must submit a new Automatic Payment Request Form to the Master Pooled Trust. Two changes to automatic payments per year is allowed before being counted toward Frequent Disbursement Request Fees.

Choose One: ☐ START ☐ CHANGE ☐CANCEL/END

MONTH THE AUTOMATIC PAYMENT SHOULD START: _____

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

PAYMENT IS **DUE** ON THE _____ OF EACH ☐ MONTH ☐ WEEK

DISBURSEMENT DESCRIPTION: _____

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

☐ Check

Make Check Payable To: _____ Memo on Check (e.g. 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 4 Digits of Bank Account Number: ☐☐☐☐

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

☐ True Link Card

Name of Card Holder: _____ Last 4 Digits of the Card: ☐☐☐☐

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

By signing this 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.
VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms