



AUTOMATIC PAYMENT APPLICATION

Instructions: This application may be submitted to request automatic bill payment after three consecutive months of deposit activity. Automatic payment will begin one month or 30 days after an application is approved.

Date of Request: _____

Beneficiary's Name: _____

Trust Account #: _____

Payment Payable to: _____

Address of Payee: _____

Purpose of Payment: _____

(Please include a copy of a current bill/ lease agreement/ billing statement etc. of the person/company to whom the payment should be made payable)

Frequency of Pymt: _____ Amount: _____

Payee Account #: _____

Signature: _____ (person making request)

Print: _____

Please check one: Beneficiary Guardian/Advocate POA

I hereby certify the following: (1) The above requested disbursement is an actual expense for the sole benefit of the sub-trust account beneficiary; 2) I am authorized to request disbursements on behalf of the beneficiary per the Joinder Agreement; (3) The beneficiary was alive at the time the expense was incurred.

For Office Use Only

Approved by: _____

Date: _____

Trustee Administrator