



ACH/Direct Deposit Authorization Form

1. Beneficiary Name

Beneficiary Name:

2. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

3. Payee Information

Name:

Address:

Relationship to Beneficiary:

Telephone Number:

Email Address:

4. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account: Checking Savings

5. Approvals/Authorizations - I certify that the information provided on this form is correct, and I hereby authorize GCT of BDI to electronically deposit payments to the bank account designated above. It is my responsibility to notify GCT of BDI Family immediately if I believe there is a discrepancy between the amount deposited to my bank account and the approved for disbursement from the Beneficiary's Pooled Special Needs Trust Account. I understand that I must notify GCT of BDI in writing immediately of any changes in status or banking information. I understand that this authorization will remain in full force and effect until GCT of BDI has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: _____ Signature: _____ Date: _____

For Official Use Only

Date Received: _____ Date Entered into System: _____

Employee Signature: