



Protect Your Family

PEACE OF MIND YOU CAN TRUST

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ACH COLLECTION REQUEST FORM

Client Name: _____

PYF Account Number: _____

Phone number: _____

Email Address: _____

Amount: _____

When do you want us to start taking payments (Month ONLY) _____

Date of Payment Pull (i.e. 5th, 15th): _____

Bank Name: _____

Bank Routing Number: _____

Bank Account Number: _____



By signing this form, I have the authority to allow **Life Family Center d/b/a Protect Your Family Trust** to initiate entries in to the bank account I entered in order to transfer money out of said account to **Protect Your Family** and if necessary to initiate adjustments for any transactions credited or debited in error. I acknowledge that transactions initiated must comply with the provisions of U.S. Law. This authorization remains in effect until I notify **Protect Your Family** in writing of any changes including stopping the transfer. I understand that **Protect Your Family** has the right to cancel this request at any time without prior notification. I am aware that it may take a few days for changes to be processed. I also agree to pay any fees that might result from an INSF or an ACH Revoke/Unauthorized Fee imposed on by the bank. I agree to pay the \$12 Annual Fee in order to have this service.

Signature of Client/Authorized Representative _____

Date: _____