



Protect Your Family

PEACE OF MIND YOU CAN TRUST

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ACH DEPOSIT REQUEST FORM

Client Name: _____

PYF Account Number: _____

Name of Recipient: _____

Address associated with Bank Account: _____

Phone number: _____

Email Address: _____

Amount: _____

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

Due date of Payment (i.e. 5th, 15th): _____

Bank Routing Number: _____

Bank Account Number: _____

NAME ADDRESS CITY, STATE ZIP 0123 01-2345/6789
DATE _____
PAY TO THE ORDER OF _____ \$ _____
BANK NAME ADDRESS CITY, STATE ZIP _____ DOLLARS
FOR _____
⑆0⑆ 23456789⑆ 0⑆ 234567890⑆ 23⑆ 0⑆ 23
Bank Routing Bank Account Check

By signing this form, I authorize and agree to have **Protect Your Family Trust** send the amount to my bank account stated on said form via ACH and pay the \$12.00 Annual Fee for such service, and if necessary, **PYF Trust** may make any adjustments for any transactions credited or debited in error. I understand that it may take a few days for the ACH to fully process and I will only have access to those funds once they have fully cleared. I certify that I am the owner and/or have authority over said bank account. This authorization remains in effect until I notify **PYF Trust** in writing of any changes. I understand that **PYF Trust** 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 NSF or an ACH Revoke/Unauthorized Fee imposed on by the bank.

Signature of Client/Authorized Representative _____

Date: _____