

Use this form to authorize direct deposit of beneficiary payments.

[Click here for instructions](#)

**1**

I hereby authorize acting as Trustee, to make direct deposits from any and all accounts of which I am a beneficiary or gift annuitant to my account at the Financial Institution named below. Also, the Trustee is authorized to void any incorrect deposit made to my account and reinitiate a correct deposit. I will not hold the Financial Institution named below liable for any erroneous deposits made by the Trustee. This authorization shall remain in effect until written notice is given to the Trustee by the undersigned.

Signature:

Date:

Signature:

Date:

Print Beneficiary Name(s):

Address:

City, State, Zip:

Name of Trust:

**2**

### Financial Institution Information

Financial Institution Type:

Bank/Savings & Loan/Credit Union

Brokerage Firm

Account Type:

Checking Account

Savings Account

Account Holder Name:

*(e.g., John Smith)*

Bank Account #:

ABA #:

Bank Name:

Bank Address:

City, State, Zip:

Phone Number:

A voided check for the checking account to which payment will be deposited is required.

For non-checking accounts, please provide a pre-printed deposit slip.

### FOR TRUSTEE USE ONLY:



ABA Routing Number:

Bank Account Number:

Before completing this form, please read Section 1.9 of the Instructions, Authorize the Direct Deposit of Beneficiary Payments.

### Section 1

Fill in the Trustee's name on the first line. You should also fill in the beneficiary's name and address, and the name of the trust or pool from which direct deposit payments will be made. The signature line must be signed by the beneficiary.

-  You must retain this signed form in your files and make it available for audit, should it be requested.
-  Authorization must be obtained for each bank account used by the beneficiary. If the beneficiary(ies) receive(s) payments from multiple trusts or pools, only one authorization is needed.

### Section 2

Please identify the type of financial institution and the account type. Also provide the name of the account holder, the bank account number, and the ABA routing number for the bank. The best source for this information is the micro-encoded information on the beneficiary's personal check or deposit slip. The beneficiary must attach a copy of the voided check to implement ACH/EFT transfers to checking accounts, or a deposit slip if to a savings account. You should retain the original voided check or deposit slip in your files.

Provide the name, address, and phone number of the bank. This information will be needed if there is a problem with the ACH/EFT transfer.

Use the information on this form to complete **Form 2.6.3, Beneficiary Bank or Payment Method Change**. **Form 2.6.3** must be received by KASPICK & COMPANY **15 days before the payment date**.