

# Center for Disability Rights, Inc.

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PooledTrust@cdrnys.org

## Community Supplemental Needs Trust

### Direct Deposit Form

(Please attached a **VOIDED** check if this is a new request)

1. Name and address of the beneficiary:

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2. Email Address (*optional*): \_\_\_\_\_

3. Do you want CDR to pull this amount  **ONE TIME Immediately** *-If you selected **Immediately** CDR will pull the funds from your account when we receive the form*

and/or  **Each Month**

Is this a new or revised request?  **NEW**  **Revised**

4. If you selected **Each Month** above what day of the month: \_\_\_\_\_

5. For **EACH month what month** do you want to start it in: \_\_\_\_\_

6. Amount Requested: \$ \_\_\_\_\_

7. Bank Routing Number (*9 digits*): \_\_\_\_\_

8. Bank Account Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of beneficiary or legally responsible person

\_\_\_\_\_  
Date

By signing this form, I attest that I agree to have the Center for Disability Rights withdraw the amount stated immediately or on the date I indicated each month. I understand that it could take up to 3 days for the ACH to fully process and that I will only have access to the funds after the funds have fully cleared. I also agree to pay any fee that might result from a NSF or an ACH Revoke/Unauthorized Fee.

### FOR INTERNAL USE ONLY

<b>RECEIVED</b>		<b>ENTERED</b>
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