



**Community Supplemental Needs Trust  
Direct Deposit Enrollment Form**

(Use this form if you want Balanced Care to pull the money from your Account)

Select **One** \_\_\_\_\_ New Request \_\_\_\_\_ Revised Request

Beneficiary Name: \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**ONE TIME ONLY** *Funds will be pulled in the morning of the date listed below*

Date to pull \_\_\_\_\_ Amount \$ \_\_\_\_\_

**MONTHLY** *Funds will be pulled in the morning of the day listed below. If the day falls on a weekend the funds will be pulled on the following Monday.*

Day of the Month \_\_\_\_\_ Date to Start \_\_\_\_\_

Amount \$ \_\_\_\_\_

Name of Bank \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

Bank Account Type \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Bank Account Number \_\_\_\_\_ (Attach a VOIDED check)

\_\_\_\_\_  
Signature of beneficiary or legal representative

\_\_\_\_\_  
Date

**By signing this form, I give Balanced Care permission to withdraw funds as stated above. I understand that it could take up to 3 business days for the ACH to be processed and posted to my Trust account.**