



SUBMIT YOUR REQUEST:

Fax: 505-883-5564

Email: arctrust@arcnm.org

Mail: Trusts – The Arc of NM

5130 Masthead N.E Albuquerque, NM 87109

THE ARC OF NM MASTER TRUST RECURRING

Please allow up to 10 business days (HOLIDAYS AND WEEKENDS NOT INCLUDED) for processing.

Incomplete or illegible forms will be returned.

Beneficiary's Name: _____ Date _____

Beneficiary Address: _____

Phone #: _____ ; E-mail: _____

Signature of Beneficiary, Guardian, POA _____ **PRINT NAME** _____

NAME AND ADDRESS FOR RECURRING PAYMENT TO BE ISSUED

Name/Co _____

Address City, State, Zip _____

Phone # _____

Start Date of Payments: _____ End Date, (if applicable)

Amount to be paid monthly: \$ _____ OR \$ _____ Current amount due.

Account # _____

Payment is due on the _____ of each month

Please stop payment. Effective Date: _____

Your Signature authorizes The Arc of NM Pooled Trust to set-up the above referenced monthly payment to be debited from your account until the indicated end date or until we are notified by you to cancel the request. Please allow at least 30 days 'notice for any cancellations. You must notify us in writing, by completing a new form of any changes made to this payment.

If you have any questions, please contact us via email arctrust@arcnm.org
Or call 1-505-883-4630 or 1-800-358-6493 toll free