



# CONTINENTAL TRUST

## ***Auto Payment Request Form***

Trust Name: \_\_\_\_\_  
Trust Account #: \_\_\_\_\_

Estimated Monthly Expense:     \$ \_\_\_\_\_

Physical Check Instructions (Choose One):

**Payee:** \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Online Payment Instructions:**

Website: \_\_\_\_\_  
User Name: \_\_\_\_\_  
Password\*: \_\_\_\_\_  
Account #: \_\_\_\_\_

\*By providing the username and password I agree to allow representatives from Continental Trust Services to access my account at any time to view payment history, access monthly statements, manage payment options related to payment utilizing trust funds, and manage recipient email addresses as stored on the account if necessary.

Reason for Distribution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- A budget audit must be performed and approved by a CTS trust administrator
- Please submit a copy of the past three months of bills to this vendor
- Please be advised that this payment may be considered In Kind Support and Maintenance. It is your responsibility to disclose the payment of any utilities to your social security representative as this may cause up to a 1/3 reduction in your SSI benefit.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date