

Trust Management Services
P.O. Box 601676
Sacramento, CA 95860-1676

July 17, 2022

Dear Residential Service Provider,

Trust Management Services is now offering the option of electronic fund transfers (EFT) for board & care and consumer P&I payments. You still have the option of receiving a paper check if you prefer.

Advantages of EFT Payments:

- EFT payments are more secure.
- EFT payments are environmentally friendly.
- EFT payments are more efficient.
- You will receive an email notification when a payment is issued.

To sign up for EFT/ACH payments:

1. Complete the attached Enrollment Form and return it along with a copy of a voided check(s) to Trust Management Services at: **PO Box 601676, Sacramento CA 95860-1676, or via fax 916-399-9421 or email by to eric@trustmgmtservices.com:**
 - *(If you prefer to send in your bank account information via secure email, please let us know and we will initiate a secure email link upon your request).*
2. Upon receipt of complete enrollment information, TMS' will send an email to the email address provided on the Enrollment Form confirming enrollment is complete.

Email Notification:

Trust Management Services will send you a secure email notification whenever you are paid electronically. The email address that you provide on the Enrollment Form will be the email address used for the notification. The password to open the email is **TMS_ACH** (All caps).

We look forward to updating your account with this very easy and simple process. If you have any questions, please contact me at 916-394-1062 or via email at eric@trustmgmtservices.com.

Thanks in advance for your support and partnership.



Eric Brown
Director, Payee Programs

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EFT/ACH Enrollment Form - Authorization Agreement

Provider Name: _____

Provider Mailing Address: _____

Provider Physical Address: _____

1. Board & Care Payments:

➤ Financial Institution Name: _____

➤ Account Type: _____ (Checking or Savings)

➤ **TMS is unable to send EFT/ACH payments to Credit Union Savings Accounts*

➤ Bank account # _____ (located on the right side of check).

➤ ABA/bank routing # _____ (located on the left side of check).

➤ Email address for payment confirmations _____

Copy of Voided Check is attached.

2. Consumer P&I Payments:

➤ Financial Institution Name: _____

➤ Account Type: _____ (Checking or Savings)

➤ **TMS is unable to send EFT/ACH payments to Credit Union Savings Accounts*

➤ Bank account # _____ (located on the right side of check).

➤ ABA/bank routing # _____ (located on the left side of check).

➤ Email address for payment confirmations _____

Copy of Voided Check is attached.

Provider Contact: _____

Title: _____ Contact Phone Number: _____

Contact Email Address: _____

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Authorization Agreement – *Please read and sign your name below.*

I hereby authorize Trust Management Services to initiate credit entries to the account(s) at the bank(s) listed above for all payment types noted above. This agreement will remain in effect until I notify Trust Management Services of the desire to cancel or change this service or until Trust Management Services' notifies me that this service has been terminated. I understand I must allow reasonable time for my

instructions to be executed. I authorize and request the bank(s) listed above to accept and credit entries by Trust Management Services to such account (s) and to credit the same to such account.

Trust Management Services will not debit or deduct funds directly from my account without permission. Trust Management Services will seek permission to debit my bank account(s) for any adjustments or corrections to resolve duplicate payments or erroneous payments. If an electronic debit is unsuccessful, Trust Management Services will notify me in writing to reach an alternative arrangement for reimbursement.

Authorized Signature:

By signing below, I hereby agree that I have read and agree to the terms and conditions stated above. Furthermore, the undersigned certifies that the information provided is true and accurate in all respects and that he/she has been duly authorized by all necessary and appropriate action.

Signature of Person Submitting Enrollment: _____

Printed Name of Person Submitting Enrollment: _____

Printed Title of Person Submitting Enrollment: _____

Submission Date: _____