

**TRUST MANAGEMENT SERVICES**  
P.O. Box 601676 · Sacramento, CA 95860-1676  
916 394-1060

**EFT/ACH Enrollment Form - Authorization Agreement**

Complete the Enrollment Form and Authorization Agreement below and return it along with a copy of a voided check to Trust Management Services, P.O. Box 601676, Sacramento CA 95860-1676, via fax 916-399-9421 or by email to your residents TMS Account Manager.

*(If you prefer to send your bank account information via secure email, please contact your tenants TMS Account Manager who will initiate a secure email link).*

Upon receipt of complete enrollment information, TMS will send an email to the email address provided below confirming enrollment is complete. TMS will send a secure email notification to the email address provided below each time an EFT payment is issued. The password to all notification emails is **TMS\_ACH** (all caps).

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. Resident 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: \_\_\_\_\_

Phone #: \_\_\_\_\_ 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 back 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: \_\_\_\_\_