



CLC, Inc. Pooled Trust 3
135 Radio Circle Drive Suite 208 Mount Kisco, New York 10549
(P) 914.244.9688 (F) 914.244.9689

www.adicares.org

ELECTRONIC FUNDS TRANSFER FORM - CHECKING

Name: _____

Address associated with check: _____

Phone Number: _____

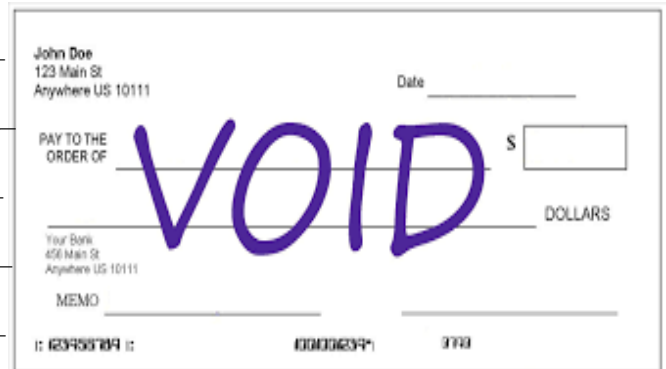
Account #: _____

Routing #: _____

Amount: _____

Start Month: _____

Date of Monthly Pull: _____



(Please note that the excess income amount, as verified by the client, will be pulled from your bank account on this date every month. If the date falls on a non-business day, the transfer will be done on the next business day.)

- Client must provide a copy of a VOIDED Check
- Funds will clear and be available to ADiCares after approximately 3 business days
- ADiCares must be notified two business days in advance to fill a cancellation request

Signature of Authorized Requestor: _____

Date: _____

I hereby authorize ADiCares, on behalf of the Community Living Corporation Pooled Trust 3 (CLC Pooled Trust 3) to initiate entries to the bank accounts that I enter, or enable CLC Pooled Trust 3 to enter, on The Westchester Bank web site in order to transfer the excess income amounts as determined periodically by Medicaid Notice of Decision that I want to deposit with the CLC Pooled Trust 3 and, if necessary, to initiate adjustments for any transactions credited or debited in error. I represent that I have authority to bind the organization that owns the bank accounts, and to authorize all transactions to the bank accounts that are initiated. I acknowledge that transactions initiated to the bank accounts must comply with the provisions of U.S. law.

This authorization will remain in effect until the client notifies ADiCares in writing to cancel it in such time as to afford ADiCares and the bank reasonable opportunity to act on it.