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Direct Debit (ACH) Authorization Form

NEW REQUEST

CHANGE REQUEST
AMOUNT
DATE
BANK ACCOUNT

Name

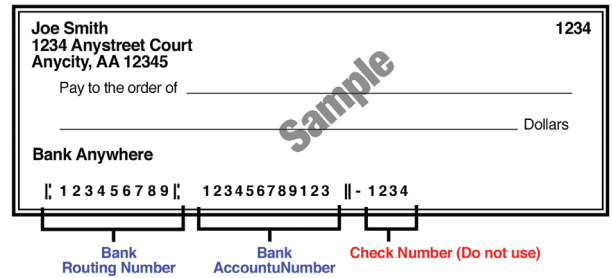
KTS Account #

Bank Name

Routing # (9 Digits)

Bank Account #

- Checking Savings
Account number is the same as previous ACH form.



Debit Amount: \$ Monthly One Time

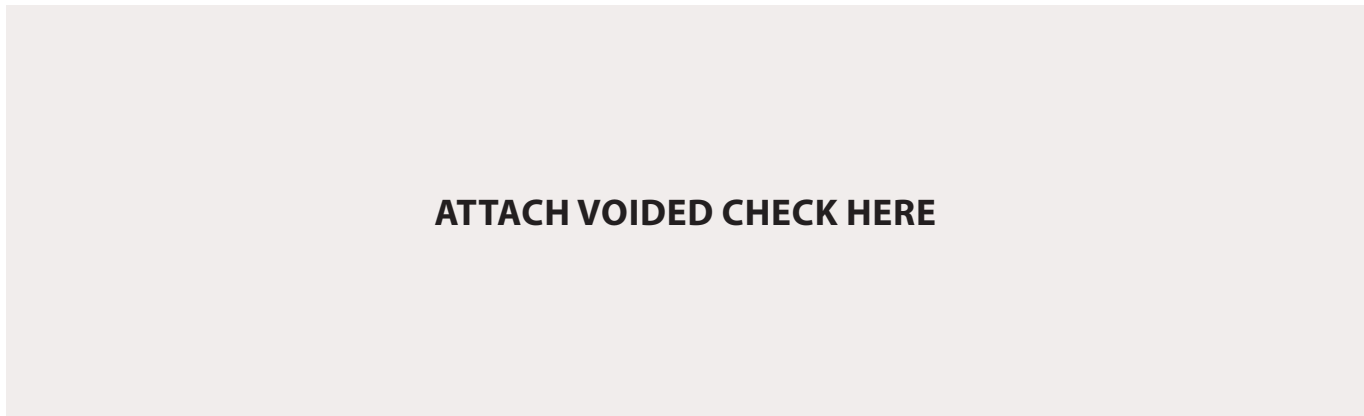
Month to Start Debits:

Date for Monthly Debits: (Choose which day of the month your debit will occur.)

Debit One Time Enrollment Fee of \$250

By signing this form I authorize KTS Pooled Trust to debit the amount stated on or around the date I indicated each month or immediately for a one time debit. I understand that it could take up to 3 days for the ACH to fully process and that I will have access to the funds only after the funds have fully cleared. I also agree to pay any fee that might result in a returned ACH. This authorization is to remain in full force and effect until KTS receives written notification from me of its termination in such time and manner to afford KTS a reasonable amount of time to act on it.

SIGNATURE OF BANK ACCOUNT HOLDER Date



Please Email, Fax, or Mail this completed form to the KTS Pooled Trust office.