

Electronic Wire Deposit Form

In order for funds to be electronically deposited into a Foundation of The Arc of Northern Virginia Special Needs Trust, the following information is needed:

Beneficiary Name: _____

Participant Number: _____ Account Number: _____

Amount of deposit: \$_____ Date (first) deposit should come in: _____

Frequency of deposit: _____ one time _____ monthly _____ other: _____

Originating Account:

Name of account: _____

Account number: _____

Bank/Institution: _____

***Please note:** Funds coming into trust accounts by wire or electronic deposit are first deposited into a Key Private Bank Demand Deposit Account (DDA) and then transferred into the appropriate participant's trust. This process may take up to five (5) business days. Inaccurate information provided on this form may delay the deposit.

Recurring deposits have to meet the following conditions:

1. Same amount each time during the transfer
2. Transferred on the same date of the selected frequency

Please sign and date below and return this form to the Account Coordinator for Incoming Funds.

The Arc of Northern Virginia
Account Coordinator - I.F.
3060 Williams Dr. Suite 300 Fairfax, VA 22031
703-208-1119 x115
grace.rhodes@thearcfnova.org

Once this form is received and reviewed, the Account Coordinator will contact you to provide you the routing and account numbers for Key Private Bank.

Thank you.

Print Name

Signature

Date