



405 Central Avenue
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Direct Debit (ACH) Authorization Form

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.)

By signing this form I authorize Secure Your Future 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 3-5 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 Secure Your Future receives written notification from me of its termination in such time and manner to afford Secure Your Future a reasonable amount of time to act on it.

SIGNATURE OF BANK ACCOUNT HOLDER _____ **Date** _____

☐ NEW REQUEST

☐ CHANGE REQUEST

☐ AMOUNT

☐ DATE

☐ BANK ACCOUNT

ATTACH VOIDED CHECK HERE

Please Email or Mail this completed form to the Secure Your Future Trust office.