



Representative Payee

DIRECT DEPOSIT AUTHORIZATION FORM

Authorizes benefit payments to be deposited directly into the Trust United client account so bills can be paid on time.

Purpose: This form authorizes Trust United Representative Payee to coordinate direct deposit setup for beneficiary funds and to record routing information for approved representative payee account management. Full bank account numbers should be handled securely and not displayed publicly.

Beneficiary Information	
Beneficiary Full Legal Name _____	Trust United Account Number _____
Date of Birth _____	Last 4 SSN _____
Phone Number _____	Email Address _____
Current Address _____	City / State / Zip _____

Benefit Source	
<input type="checkbox"/> Social Security Retirement	<input type="checkbox"/> SSI
<input type="checkbox"/> SSDI	<input type="checkbox"/> Survivor Benefits
<input type="checkbox"/> VA Benefits	<input type="checkbox"/> Pension
<input type="checkbox"/> Other: _____	

Monthly Benefit Amount _____	Expected Deposit Date _____
SSA/VA Claim or Reference Number if applicable _____	Benefit Verification Letter Attached? _____

Representative Payee Account Information

Receiving Bank Name _____	Account Nickname _____
Account Type _____	Account Last 4 Digits Only _____
Routing Setup Notes _____	Direct Deposit Submitted Date _____

Authorization: I authorize the necessary benefit payer, including Social Security Administration, Veterans Affairs, or other applicable benefit source, to deposit benefit payments into the approved Trust United representative payee/client funds account for the purpose of paying approved beneficiary expenses, maintaining ledgers, tracking conserved funds, and supporting audit-ready financial management.

Required Attachments

<input type="checkbox"/> Government ID	<input type="checkbox"/> Benefit Verification Letter
<input type="checkbox"/> SSA Direct Deposit Documentation	<input type="checkbox"/> Guardianship/Legal Authority if applicable
<input type="checkbox"/> Consent Form	<input type="checkbox"/> Other Supporting Documents

Signature Authorization

Beneficiary/Representative Printed Name _____	Relationship/Title _____
Signature _____	Date _____
Witness/Staff Name _____	Witness/Staff Signature & Date _____