achieva Family Trust

Request to Begin Standing Order / Drop Down Payments

Name of Beneficiary: _____ **Date:** _____

Amount Requested: $_____ **Trust Administrator (if known):**_____

Purpose of Funds: _____

Check Payable to (name and address):   **Mail Check to (name and address):**

_____   _____

_____   _____

_____   _____

If same as Payable Address, check here: ☐

Please make this payment: UPON RECEIPT ☐   **MONTHLY** ☐

I authorize Achieva Family Trust to pay the bill/disbursement as stated above beginning immediately until cancellation notice or ending date is given to Achieva Family Trust.

Additional Instructions: _____

_____

_____

Submitted By: _____   _____
                     (Print)   (Signature)

Relationship to Beneficiary: _____ **Phone:** _____

INTERNAL OFFICE USE ONLY			
	Transaction		**APPROVAL**
A. ACCOUNT #			
B. PAYEE #			
C. TRANSACTION CODE			
D. TAX INTERFACE			

Achieva Family Trust
711 Bingham Street ● Pittsburgh, PA 15203
Telephone: (412) 995-5000 x565 ● Toll Free: (888) 272-7229 ● Fax: (412) 995-5013
Additional forms available at achievafamilytrust.org