

EXPENSE PAYMENT REQUEST

This form is for payments from your Custodial Account for an expense of the Custodial Account, such as payment of property taxes, insurance premiums, etc.

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NOTE: In order for funding to take place, your verbal confirmation call is required. Please call our office during hours of operation at 845-947-1000 to verbally confirm these instructions with a specialist. **Please know that this step is required.**

Important!

A bill or invoice must be attached to this form in order to assure proper delivery of payment.

Otherwise, the check will be mailed directly to the Accountholder.

Mail: Madison Administration Company, 2	Please complete and submit this form via one of the following methods: Robert Pitt Drive, Suite 201, Monsey, NY 10952 Fax: (845) 947-1212 Secure Upload: www.madisontrust.com/upload	st
A. ACCOUNTHOLDER INF	RMATION	
Full name	MTC Account number	
B. PAYMENT AUTHORIZA	ON	
I authorize Madison Trust to withdraw Important! Lack of sufficient funds in your o	e specified funds from my custodial cash account and send payment for the net amount to the payee indicated below.	
Processing Times: Madison Trust processes every a	plication in an efficient and quality manner.	
Our standard processing time for	III forms and requests is 3-4 days.	
Our expedited service is 1-2 day Expedited Service (\$50 fee a	Select this service if you have special time constraints: plies)	
Bank and other financial institution	d business checks) will be held for 7 business days. checks will be held for 5 business days. ext business day (\$25 fee applies).	
C. PAYEE INFORMATION		
Make check payable to:		
Name	Address, City, State, ZIP	
Description of payment		
Documents to be sent with payment (if ap	icable)	

Corporate Headquarters: Madison Trust Company Inc., 401 East 8th Street, Suite 200P, Sioux Falls, South Dakota 57103 800-721-4900 www.Madi

Address, City, State, ZIP

If this payment should be sent to someone other than the payee, please enter the mailing information here:

(Note: All Property Tax payments will be returned to the Accountholder for submission to the taxing authority.)

Name



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D. AMOUNT & FREQUENCY OF DISTRIBUTION										
Amount: Disburse the	following amount to the	payee above: \$								
Frequency: (select one)	Frequency: (select one) One time only Monthly Quarterly Semi-annually Annually									
For periodic payments, start on (mm/dd/yy): and continue paying that amount on the same day in each period.										
E. PAYMENT ME	THOD									
•	ar delivery (default) ight delivery (\$50 over	night fee applies)								
Institution name		Routing transit number (AB	Δ)	Bank add	lress					
Bank phone number		Beneficiary account number		Beneficia	ary account name					
For further credit										
F. ACKNOWLEDG	EMENT & SIGNA	TURE								
I acknowledge that: (1) this expense payment request is provided to Madison Trust under the Custodial Agreement between myself and Madison Trust, (2) this payment is authorized under the provisions of the Custodial Agreement and in compliance with applicable tax laws, (3) Madison Trust will execute this request only if there are sufficient cash funds available in my account, (4) the request must be provided, in writing, to Madison Trust sufficiently in advance of the payment date so that Madison Trust can process it in the normal course of business, (5) without limitation I, indemnify, hold harmless and release Madison Trust for any liability due to the processing, amount or receipt date by payee of this payment, and (6) a facsimile or other form of this request may be submitted if acceptable to Madison Trust. Date (mm/dd/yy)										
For MTC use only:										
Confirmed by	Date & time	DOB & SS confirmed	PT Check		Sufficiently cleared funds	Scanned				

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