



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.

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.

Please complete and submit this form via one of the following methods:

Mail: Madison Administration Company, One Paragon Drive Suite 275, Montvale, NJ 07645 • **Fax:** (845) 947-1212 • **Secure Upload:** www.madisontrust.com/uploads

A. ACCOUNTHOLDER INFORMATION

Full name _____

MTC account number _____

B. PAYMENT AUTHORIZATION

I authorize Madison Trust to withdraw the specified funds from my custodial cash account and send payment for the net amount to the payee indicated below. *Important! Lack of sufficient funds in your account will delay the payment request.*

C. PAYEE INFORMATION

Name _____

Address, City, State, ZIP _____

Description of payment _____

Documents to be sent with payment (if applicable) _____

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

Name _____

Address, City, State, ZIP _____

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

D. AMOUNT & FREQUENCY OF DISTRIBUTION

Amount: Disburse the following amount to the payee above: \$ _____

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 METHOD

Select payment method:

- Check via regular delivery (\$30 disbursement fee) — check payable to: _____
- Check via overnight delivery (\$30 disbursement fee + \$50 overnight fee) — check payable to: _____
- Wire (\$30 disbursement fee + \$25 wire fee):
- ACH (\$30 disbursement fee)

_____	_____	_____
Institution name	Routing transit number (ABA)	Bank address
_____	_____	_____
Bank phone number	Beneficiary account number	Beneficiary account name
_____	_____	_____
For further credit		

F. PROCESSING & HOLD TIMES

Processing Times:

Our standard processing time for all forms and requests is 4 business days.
Our expedited service is 2 business days (\$50 fee applies).
Forms received after 1 PM EST will be considered received on the following business day (applies to both standard and expedited processing).

For time sensitive transactions, you have access to the following services:

- Expedited Processing (\$50)
- Overnight Mail (\$50)
- Wire Transfer (\$25)

Check Hold Policy:

Non-Bank checks (e.g. personal and business checks) will be held for 7 business days.
Bank and other financial institution checks will be held for 5 business days.
Incoming wires are available the next business day (\$25 fee applies).

G. ACKNOWLEDGEMENT & SIGNATURE

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 and Madison Administration Company 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.

_____	_____
Accountholder signature	Date (mm/dd/yy)