



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:** Once we process this form to your account, you will receive a text message asking you to verify that the information is correct and we have authorization to process the transaction. Please reply "yes" to the text message or you may call our office at (845) 947-1000 to verbally confirm these instructions.

**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](http://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**

Payable to

Address, City, State, ZIP

Description of payment

Documents to be sent with payment (if applicable)

**Please Note: We will need an Invoice that matches the payment amount of your request. Please make sure that the invoice is addressed as such "Madison Trust Company, Custodian FBO [Accountholder's Name] [MTC Account #]"**

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):

_____ Institution name	_____ Routing transit number (ABA)	_____ Beneficiary address <b>*required for all wires*</b>
_____ Bank phone number	_____ Beneficiary account number	_____ Beneficiary account name
_____ For further credit		

## F. PROCESSING &amp; HOLD TIMES

Our expedited service is next business day. Select this service if you have special time constraints:

- ☐ Expedited Service (\$50 fee applies)

**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 &amp; 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)