

Important information about this form:

- Fill out this form with the new bank account you want to connect to this Alabama ABLE account.
- The last name of the Beneficiary or the Authorized Legal Representative needs to be associated with any bank accounts connected to the ABLE account.
- You are unable to make withdrawals for 10 Days when you add/change banking information, unless either this form or the **Withdrawal Form** includes a notarization acknowledgement (seen in **Step 5** on this form).

Need help?

Give us a call Monday – Friday
from 8am – 7pm CT at
1-833-711-2253

Individuals with speech or hearing disabilities may dial 711 to access Telecommunications Relay Service (TRS) from a telephone or TTY.

Mail the form to:

Alabama ABLE
P.O. Box 534419
Pittsburgh, PA 15253- 4419

Overnight Mail:

Alabama ABLE
Attention: 534419
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

833-223-5121

1 ABLE account information

Name of Beneficiary on the ABLE Account (First and last)

____ - ____ - ____
Beneficiary's Social Security or Taxpayer Identification Number

Alabama ABLE account number

2 Tell us what type of change you want to make

(Please select one)

- Update existing bank information
- Add a new bank

3 Bank account information

If you choose to make regular deposits and withdrawals with an ACH bank transfer, attach a voided check or copy of your bank statement showing the name, address, last 4 digits of the account number and complete the bank information below. (Please do not staple, use a paper clip for the check).

Bank account type Checking Savings

Name on bank account

The first and last name on the bank account needs to be the same as either the Beneficiary or the Authorized Legal Representative.

 Bank name

____ _ / ____ _ / ____ _
 Bank routing number

 Bank account number

Need help?

You can find your bank information on the bottom of one of your checks here:

A000000000 A 0000000000000000 c 1000
 Routing Account
 Number Number

4 Sign the form

By signing this form, you're confirming the information provided is true for the bank change. You are unable to make withdrawals for 10 days following the addition or change of bank information unless this form or the **Withdrawal Form** includes a notarization acknowledgement.

Signature of Beneficiary or Authorized Legal Representative

___ / ___ / ___
Date (mm/dd/yyyy)

5 A notarization acknowledgement is required for a bank change

If you want to avoid a 10-day hold period associated with the addition or change in bank information, please have your signature notarized below.

Keep in mind that:

- You're providing the following information as underwritten certification that your signature is genuine.
- You cannot guarantee your own signature. You may be required to provide proof of your authority to act on behalf of the ABL account.

Only sign if you are in the presence of a notary public or other officer providing notarization.

The undersigned has read the foregoing in its entirety before signing. IN WITNESS WHEREOF, I have hereunto

set my hand this _____ day of _____, 20____
Day (#) Month Year

Signature of Beneficiary or Authorized Legal Representative

STATE OF ALABAMA, COUNTY OF _____

This instrument was acknowledged before me

physical presence or online notarization

on ____ / ____ / ____
Date (mm/dd/yyyy)

by _____
Name of person (First and last)

My term expires: ____ / ____ / ____
Date (mm/dd/yyyy)

Notary Public (Seal)

Signature of Notary Public