PA ABLE

Add Bank Form

Important information about this form:

- Fill out this form with the new bank account you want to connect to this PA ABLE account.
- The name of the Beneficiary or the Authorized Individual needs to be associated with any bank accounts connected to the ABLE account.
- You will be unable to use new or updated bank accounts for any online transactions for 10 business days after you change banking information, unless this form includes a notarization (seen in **Step 5** on this form).
- A voided check or a recent bank statement for the new bank account must be included to verify the information provided on this form.

Need help?

Give us a call Monday – Friday from 9am – 8pm ET at **1-855-529-ABLE (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:
PA ABLE Savings Program
P.O. Box 534004
Pittsburgh, PA 15253-4004

Overnight Mail:
PA ABLE Savings Program
Attention: 534004
1350 Penn Avenue Suite 102
Pittsburgh, PA 15222

Fax:
855-851-7352

1 PA ABLE account information

_____
Name of Beneficiary on the account (First and last)

__ __ __ - __ __ - __ __ __ __
Beneficiary's Social Security or **Taxpayer Identification Number**

__ __ __ __ __ __ __ __ __ __ __
PA ABLE account number

2 Bank account information

If you choose to make regular deposits and withdrawals with an electronic bank transfer, attach a voided check or copy of your bank statement showing the name, address, and last 4 digits of the bank 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 Individual.

_____

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 00000000000000 c 1000

Routing Number | Account Number

3 Sign the form

By signing this form, you are confirming that the information provided on this form is accurate and complete. You are also providing permission for the Program to make changes to the Beneficiary's ABLE account, as indicated on this form. You acknowledge that new or updated bank accounts cannot be used for online transactions for 10 days after a banking change is made, unless this form includes a notarization.

_____ __ __ / __ __ / __ __ __ __

Signature of Beneficiary or Authorized Individual **Date** (mm/dd/yyyy)

4 Notarization

If you want to avoid a 10-day hold period associated with this change in bank information, please have this form notarized below.

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 Individual **Printed Name of Beneficiary or Authorized Individual**

STATE OF _____, COUNTY OF _____

This instrument was acknowledged before me

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