



# ABLE Account Automation Agreement

Trust Beneficiary Name: \_\_\_\_\_  
Trust Beneficiary Advocate: \_\_\_\_\_ (if applicable)  
Date of Agreement: \_\_\_\_\_

I agree and acknowledge that I would like CPT Institute to automate a monthly payment to my ABLE Account in the amount of \$1,500. (Note: As of 2024, an ABLE Account can only receive up to \$18,000/calendar year). <https://www.ablenrc.org/able-account-contribution-limits-202>

## ACKNOWLEDGEMENT:

\_\_\_\_ (initial) I understand my ABLE Account transfer will be sent 2 weeks prior to the due date. My check will be mailed to the payee above and arrive within a normal processing time of 7-10 business days.

\_\_\_\_ (initial) My monthly payments are the annual contribution limit (<https://www.ablenrc.org/employers/what-is-able/>) divided by 12. If my contribution exceeds the limit, CPT Institute will stop automatic payment for the year.

\_\_\_\_ (initial) If I fail to notify my CPT Representative of any changes, my automated request will be processed based on the details above.

\_\_\_\_ (initial) If my cash balance is low in my trust account, my account will not be able to pay into my ABLE Account. I will notify my CPT Representative if I see any issues.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_