[Date]

[Third-Party Payor Name]
[Address]
[City, State, Zip Code]

Re: Engagement for Third-Party Payment Services for [Name of Trust]

Dear [Contact Person Name],

This letter confirms the engagement of [Name of Payor Entity] ("Payor") by [Name of Trustee], in my capacity as Trustee of the [Name of Trust] ("Trust"), to provide third-party payment and disbursement services.

1. Scope of Services
The Payor is authorized to process payments to designated beneficiaries or vendors as directed by the Trustee. Services include tax reporting, issuance of checks or electronic transfers, and maintaining records of all disbursements made on behalf of the Trust.

2. Fiduciary Instructions
The Payor shall act only upon the written instructions of the Trustee or authorized representatives. The Payor acknowledges that these funds are held in a fiduciary capacity and must be handled in accordance with the terms of the Trust instrument and applicable state laws.

3. Fees and Expenses
The Trust shall compensate the Payor for services rendered according to the following schedule: [Insert Fee Schedule/Amount]. Fees will be deducted from [Account Number/Source] on a [Monthly/Quarterly] basis.

4. Record Keeping and Reporting
The Payor shall provide the Trustee with monthly statements detailing all transactions. All records related to the Trust shall be made available for inspection or audit upon reasonable request.

5. Term and Termination
This engagement shall commence on [Start Date] and continue until terminated by either party with [Number] days' written notice. Upon termination, all remaining funds and original records shall be returned to the Trustee immediately.

6. Confidentiality
The Payor agrees to maintain the strict confidentiality of all information regarding the Trust, its assets, and its beneficiaries.

Please acknowledge your acceptance of these terms by signing below and returning a copy of this letter.

Sincerely,

[Signature of Trustee]
[Printed Name of Trustee]
Trustee of the [Name of Trust]

Accepted and Agreed:

By: [Signature of Authorized Representative of Payor]
Name: [Printed Name]
Title: [Title]
Date: [Date]