



## Disbursement Request Form

Member's Name: CHARLES ADAMS

Member's ID: CA0083

Method Sent (Circle One): Fax

Email

Mail

Fax #/Email/Address Sent From: SIMMONE ADAMS @ GMAIL . COM

### Bill #1

Description: CABLE / PHONE / INTERNET

Check Payable to: VERIZON

Billing Address: P.O. BOX 15124

ALBANY, N.Y. 12212-5124

Account #: 651-573-062-0001-51

Bill's Total Amount: \$ 177 71

Amount to be Paid by SCS: \$ 120 65

PAY BEFORE MAY 1, 2020

### Bill #2

Description: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Bill's Total Amount: \_\_\_\_\_

Amount to be Paid by SCS: \_\_\_\_\_

### Bill #3

Description: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Account #: \_\_\_\_\_

Bill's Total Amount: \_\_\_\_\_

Amount to be Paid by SCS: \_\_\_\_\_

### Special Instructions

Circle One: Address Change Account # Change  
Mail to a Different Address

Overnight Address (\$15 Charge; We cannot overnight to a P.O. Box)

Please include your Instructions Here:

Please apply \$120 65 to  
Verizon Acct monthly.  
Payment must reach Verizon  
on or before the 1<sup>st</sup> of  
the month.

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

**Please Note: Requests may take up to five (5) business days to be processed. Please plan accordingly as the Trust will not be liable for any late charges incurred.**