



Disbursement Request Form

Member's Name: CHARLES ADAMS

Member's ID: CA0083

Method Sent (Circle One): Fax

Email

Mail

Fax #/Email/Address Sent From: _____

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: ~~\$177.71~~
\$120.65

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 pay after enclosed
check (#102) clears. Verizon
bill should be paid on or
before May 1, 2020. \$120.65
currently in SCS Acct
balance of \$ 57.06 included.

Signature: [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.

Please apply \$120.65 to Verizon
acct # 651-573-062-0001-51
every month, on MAY 5th