



## Disbursement Request Form

Member's Name: \_\_\_\_\_ Member's ID: \_\_\_\_\_

Method Sent (Circle One): Fax      Email      Mail

Fax #/Email/Address Sent From: \_\_\_\_\_

**\*\*\*You must provide a copy of each Invoice/ Bill that you want the Trust to pay\*\*\***

### Bill #1

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

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

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

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

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

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

### 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.**