



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.