



Disbursement Request Form

Member's Name: LUPERCINIA RIVERA

Member's ID: LR6060

Method Sent (Circle One): Fax ☐ Email ☒ Mail ☐

Fax #/Email/Address Sent From: mmaldonado22060@yahoo.com

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

Bill #1

Description: Electric Bill

Check Payable to: Con Edison

Billing Address: JAF STATION

P.O. BOX 1702, NEW YORK, NY 10116

Account #: 68-8029-1015-0000-5

Bill's Total Amount: \$75.61

Amount to be Paid by SCS: \$75.61

Bill #2

Description: Telephone Bill

Check Payable to: Verizon

Billing Address: P.O. BOX 15124

Albany, NY 12212-5124

Account #: 554-596-223-0001-23

Bill's Total Amount: \$28.17

Amount to be Paid by SCS: \$28.17

Bill #3

Description: Gas Bill

Check Payable to: National Grid

Billing Address: P.O. BOX 11741

Newark, NJ 07101-9839

Account #: 02255-28855

Bill's Total Amount: \$287.91

Amount to be Paid by SCS: \$287.91

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: Marian Maldonado on behalf of LuperCinia Rivera

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.