



Master Pooled Trust Disbursement Request Form

USE THE TAB KEY TO MOVE TO THE NEXT ENTRY. SUBMIT A SEPARATE FORM FOR EACH CHECK.

SECTION 1: Account Info
Date: Beneficiary's Name: Account #:

SECTION 2: Disbursement Info
Description of disbursement: Memo on check (ex: invoice #, account #, patient ID):

SECTION 3: Payee Info-Payment by check (Part A) or Payment by Direct Deposit (Part B)
Payee Name: Amount:

PART A (complete if you are requesting a check)
Payee Address: Mail check to: <input type="checkbox"/> Payee above <input type="checkbox"/> Other (Indicate below) Name: Address: ***** OR *****

PART B (complete if you are requesting direct deposit)
<input type="checkbox"/> Direct Deposit (ACH- Automatic Check Handling) <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name: Bank Phone Number: Account Holder's Name: Routing Number (ABA) 9-digit # on bottom of check: Acct Number:

Requested by: Phone Number:	Send to: The ARC of Texas Attn: Chris Oglesby 8001 Centre Park Dr. Suite 100 Austin, TX 78754 Fax: (512) 454-4956 Phone: (512) 454-6694 email:chris@thearcoftexas.org
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Please include a receipt/invoice or proof of purchase with this form. Thank you!

This section for office use only:
Date Received:

Approved by: