

## THE ARC OF TEXAS - MASTER POOLED TRUST DISBURSEMENT REQUEST FORM INSTRUCTIONS

PLEASE READ CAREFULLY BEFORE COMPLETING A DISBURSEMENT REQUEST FORM

<b>SECTION 1</b> Account Info	<p><b>Date:</b> the date you are submitting the request</p> <p><b>Acct Name:</b> the account beneficiary's name</p> <p><b>Acct #:</b> the ARC account number assigned to the joinder agreement</p>
<b>SECTION 2</b> Disbursement Info	<p><b>Description of Disbursement:</b> brief description of how the money will be used for the disbursement (example: furniture, storage fee, phone bill)</p> <p><b>Memo on Check:</b> indicate what information you want printed on the check (example: account number for phone company, patient ID for hospital, invoice number for furniture store)</p>
<b>SECTION 3</b> Payee Info	<p>Fill out Payee Name and Amount first. If you are requesting the payment to be sent by check, complete Part A. If you are requesting the payment to be sent by direct deposit to a bank account, complete Part B. For clarity, do not fill out both.</p> <p><b>Payee Name:</b> the name of the person/store/company to whom the check should be made</p> <p><b>Amount:</b> indicate how much the check should be made for</p> <p><b>PART A</b></p> <p><b>Payee Address:</b> the address of the person/store/company receiving the check</p> <p>Mail check to:</p> <p><input type="checkbox"/> <b>Payee above:</b> check this box if you want the check sent to the person/store/company you indicated under Payee Address in Part A</p> <p><input type="checkbox"/> <b>Other (Indicate below):</b> check this box and write the name and address of the person you want the check sent to if not the same as the Payee Name. (example: you want to receive the check and mail it with the order form yourself)</p> <p><b>PART B</b></p> <p><input type="checkbox"/> <b>Direct Deposit:</b> check this box if you want the funds sent electronically to a bank account</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Checking:</b> check this box if it is a checking account</p> <p style="margin-left: 20px;"><input type="checkbox"/> <b>Savings:</b> check this box if it is a savings account</p> <p><b>Bank Name:</b> name of the financial institution</p> <p><b>Bank Phone #:</b> the phone number of the financial institution</p> <p><b>Acct Holder's Name:</b> the name of the person who holds the account (should be exactly as it appears on your bank statement)</p> <p><b>Routing #(ABA):</b> the 9-digit number designating the financial institution (ask the bank or look on the bottom of any of your checks)</p> <p><b>Acct #:</b> the bank account number for this account</p>
<p><b>Requested by:</b> the signature of the person submitting the request</p> <p><b>Phone Number:</b> a contact phone number for the requestor</p>	

**Be sure to submit receipts, invoices, or proof of purchase with the form; otherwise, the request may be delayed in processing.**

**You can submit the form in 3 ways:**



Mail: The Arc of Texas, MPT, Attn: Chris Oglesby, 8001 Centre Park Dr., Suite 100, Austin, TX 78754



Fax: (512) 454-4956



Email: [chris@thearcoftexas.org](mailto:chris@thearcoftexas.org)

For additional forms, call us or visit our website <http://www.thearcoftexas.org>  
(Click on Master Pooled Trust on the left, Applications and Documents, Forms)

If you have questions, please call Chris Oglesby or Dee West at 1-800-252-9729 or (512) 454-6694