



Master Pooled Trust Disbursement Request Form

SECTION 1: ACCOUNT INFORMATION Name on Account: _____ Trust Account # _____ Date: _____	For Office Use Only Date Received: _____ Approved by: _____
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SECTION 2: DISBURSEMENT INFORMATION Following is/are item(s) or service(s) for which a disbursement is requested. A receipt, statement, purchase order or the like <u>must be attached</u> . The Primary Rep. will be notified if additional information is needed.	
ITEM/SERVICE DESCRIPTION	Amount
1.	
2.	
3.	
4.	
5.	
TOTAL	
If additional space is needed, please fill out another disbursement request form	

SECTION 3: BENEFITS: PLEASE CHECK ALL THAT APPLY Supplemental Security Income (SSI) <input type="checkbox"/> YES <input type="checkbox"/> NO Medicaid <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, type: _____ SSDI <input type="checkbox"/> YES <input type="checkbox"/> NO <i>For SSI Recipients Only: Please check that the above does not include payment for items related to food, shelter or cash</i> <input type="checkbox"/>

SECTION 4: Payment Options (A: Check Request or B: Direct Deposit)	
PART A: CHECK REQUEST Payee Name: _____ _____ Memo on Check: _____ (ex. Invoice #, Account #, patient ID) Mail To: Name: _____ Address: _____ _____	PART B: DIRECT DEPOSIT <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name: _____ Bank Phone: _____ Account Holder's Name: _____ Routing Number (ABA 9 digit # on bottom of check): _____ Account Number: _____

SECTION 5: By signing this, I attest that the disbursement requested is for the sole benefit of the beneficiary.	
Primary Representative: _____	Phone Number: _____

Send to: The Arc of Texas, ATTN: MPT, 8001 Centre Park Drive, Suite 100, Austin, Texas 78754
 Fax: 512-454-4956 Phone: 512-454-6694 Email: trust@thearcoftexas.org