

TO SUBMIT THIS FORM
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 Austin, Texas 78754



DISBURSEMENT REQUEST FORM

Beneficiary:	Primary Rep (PR):
Sub-Account Number:	PR Phone:
Date:	PR Email:
Benefits (✓ all that apply): <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> MEDICAID TYPE _____	
For SSI recipients only: This request does not include payment for items related to food, shelter or cash <input type="checkbox"/>	

SECTION 1: Please list the item(s) and/or service(s) for which a disbursement is requested.	
Item/Service Description	Amount
1.	
2.	
3.	
4.	
5.	
<input type="checkbox"/> ADVANCE <input type="checkbox"/> REIMBURSE	TOTAL \$

If you have more items/services to list please attach another Disbursement Request Form.

SECTION 2: Payment Options (Choose only one: Check, Direct Deposit or True Link Card)			
<input type="checkbox"/> Check	Make Check Payable To:	Memo on Check (e.g. Invoice or account number):	
	<input type="text"/>	<input type="text"/>	
	Mail Check To:		
	Name:	Address:	
	<input type="text"/>	<input type="text"/>	
	City:	State:	Zip:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Direct Deposit	Bank Name:	Bank Phone:	Account Holder's Name:
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Checking <input type="checkbox"/> OR Savings <input type="checkbox"/>	Last 4 Digits of Bank Account Number: <input type="text"/>	
A Disbursement Direct Deposit Authorization Form MUST be completed or be on file for a direct deposit to be made.			
<input type="checkbox"/> True Link Card	Name of Card Holder:	Last 4 Digits of the Card:	
	<input type="text"/>	<input type="text"/>	

☆ YOU MUST ATTACH A COPY OF ALL RECEIPTS ☆

By signing this I acknowledge that this is for the sole benefit of the Beneficiary of the sub-account.

SIGNATURE of Primary Representative: _____ DATE: _____

Please allow **5-8 business days** for processing. Incomplete forms will be returned to the Primary Representative.
 VISIT OUR WEBSITE TO DOWNLOAD OR COMPLETE THIS FORM ONLINE: www.thearcoftexas.org/trust-forms