



DISBURSEMENT REQUEST FORM

You must submit an invoice, receipt or quote with this form.

Disbursement requests submitted without supporting documents will not be considered.

Participant's name: _____

Amount of Distribution requested: _____

This distribution will be used for: _____

Make check payable to: _____

Mail check to: _____

Address: _____

City, State Zip: _____

Telephone number: _____

Purchase/Account # (if applicable): _____

AUTO-PAY REQUEST (not available for Section 8 voucher holders)

Make **Auto-Payments** to:

Vendor/Company name) _____ Account # _____

for _____ (state service/goods)

for the period beginning (month) _____ 20____, or as close thereto as possible, and continuing until (please pick one):

(month) _____ 20____

My sub-account funds are depleted.

I notify Springhill Housing Corp. Pooled Accounts Trust, in writing, requesting to terminate auto-payment.

SIGN AND DATE

Print name: _____ Date: _____

Sign: _____

Once form is completed: Please submit form and receipts/quote by:
email (PAT@chninc.net), fax **248-269-1311** or
mail: Springhill Pooled Accounts Trust, 5505 Corporate Drive, Ste. 300, Troy, MI 48098