



# 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 ([Disbursements@chninc.net](mailto:Disbursements@chninc.net)), fax **248-269-1311** or  
mail: Springhill Pooled Accounts Trust, 5505 Corporate Drive, Ste. 300, Troy, MI 48098