



DISBURSEMENT REQUEST FORM

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

Disbursement requests submitted without supporting documents will not be accepted.
Home, vehicle, and vacation purchases require pre-approval and additional documentation.

Participant's name: _____

Amount of disbursement requested: _____

This disbursement 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** payable 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 notified Springhill Pooled Accounts Trust, in writing, requesting to terminate auto-payment.

SIGN AND DATE

Print name: _____ Date: _____

Sign: _____

Completed distribution forms with receipts/quote can be submitted by:

Email: disbursements@chninc.net, Fax: 248-269-1311 OR

Mail: Springhill Pooled Accounts Trust, 5505 Corporate Drive, Ste. 300, Troy, MI 48098