

LCG Community Trust II

Automatic Disbursement Request Form

Requests for payment of rent/mortgage/maintenance fees

Beneficiary:

For Office Use Only:

Account #: _____

Date Received: _____

Approved By: _____

Representative:

Please submit proof of rent (signed lease, letter from landlord) or current mortgage statement in the name of the beneficiary/spouse.

Please check the appropriate box:

Rent

Mortgage

Maintenance Fees

Requested Amount: \$ _____

Check made payable to: _____

Check mailed to: _____

Signature: _____

Donor/Beneficiary or Authorized Representative

Date: ____/____/____

Please Note: Deposits must be received five (5) business days prior to the expected disbursement date; otherwise the request will be delayed.

