

# LCG Community Trust III

## 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.*