

Trust Distribution Request Form

Please submit your completed request form via FAX, EMAIL or MAIL using the contact information above. This form must be completed in blue or black ink and requires a signature from an authorized user on the account.

Account Name: _____ Account Number: _____

Total amount of this request: _____ Date: _____

Form Completed By:

Name: _____ Signature: _____

Address: _____ **Check here if this is a NEW Address**

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Type of Distribution Request: Reimbursement Advanced Funds Pay Vendor Directly
 Receipts for Previous Advance (Not a New Request)

Request Details:

Item Description- Be as detailed as possible, attach additional paper if necessary	Cost of Item
_____	_____
_____	_____
_____	_____
_____	_____

Payment Should Be Made By:

Check here if this is NEW Banking Information

Mailed Check

Direct Deposit Into: Checking Savings

Name or Company: _____ Bank Name: _____

Address: _____ Bank Routing (ABA) # [9 digits]: _____

City: _____ State: _____ Zip: _____ Account # : _____

Phone #: _____ Account #: _____ Account Name/Title: _____

Special Instructions: _____

YOU MUST ATTACH ALL RECEIPTS, INVOICES, ESTIMATES, ETC & RETAIN A COPY FOR YOUR RECORDS

*****The James Street Group cannot be responsible for lost documentation or mail *****

***If you are requesting an advancement, please remember to send back any receipts or invoices for funds the trust is advancing within 30 days. If receipts are not provided within 30 days, funds will not be advanced for future distributions. Also, future distributions may be reduced by the amount of the advanced funds not verified by paid receipts or invoices.**