



www.ktstrust.org

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## Disbursement Request Form

Member's Name: \_\_\_\_\_ KTS Account #: \_\_\_\_\_

Please attach the entire bill or statement, not just the payment portion.

**Bill #1**

Description: \_\_\_\_\_

Made Payable to: \_\_\_\_\_

Address to Send Payment: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Amount to be Paid by KTS: \_\_\_\_\_

**Bill #2**

Description: \_\_\_\_\_

Made Payable to: \_\_\_\_\_

Address to Send Payment: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Amount to be Paid by KTS: \_\_\_\_\_

**Bill #3**

Description: \_\_\_\_\_

Made Payable to: \_\_\_\_\_

Address to Send Payment: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Amount to be Paid by KTS: \_\_\_\_\_

**Bill #4**

Description: \_\_\_\_\_

Made Payable to: \_\_\_\_\_

Address to Send Payment: \_\_\_\_\_  
\_\_\_\_\_

Account #: \_\_\_\_\_

Amount to be Paid by KTS: \_\_\_\_\_

**Please indicate any special instructions below including an address or account number change.**

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please allow 5-7 days for processing. All bills must be in the members name and not be more than 90 days old.