2820 Columbiana Road, Suite 103 Vestavia, AL 35216 Phone: 205.313.3915 Fax: 205.313.3946
Email: info@alabamafamilytrust.com

Request for Recurring Disbursements

Name of **Beneficiary**: _____

Beneficiary receives: SSI _____Medicaid _____Other _____ No Benefits _____

Requested by Representative:_____

Telephone number: _____ e-Mail: _____

Payable to: _____

Address: _____

_____

Average Bill Amount: _____ Max Amount Authorized: _____

PURPOSE: which **must** be for or on the behalf of the Beneficiary: (Detail information)

_____

_____

I, _____, request that Alabama Family Trust make monthly payments to the above payee in the amount of _____. This amount may fluctuate each month depending on services provided by vendor. I request that the board approve to pay for those fluctuations up to the max amount of _____.

Representative Signature: _____

Under penalties of perjury, I declare that to the best of my knowledge and belief, this information is true, correct, and complete.

Date: _____