



Distribution Request Form

Trust Name: _____

Amount Requested: \$ _____

Physical Check Instructions:

Payee: _____

Mailing Address: _____

Wire In Instructions:

Bank Name: _____

Account Name: _____

Account #: _____

Wire Routing #*: _____

**Please confirm with your bank regarding the routing number for a "Federal Wire", this may be different than the number listed on your checks. Please note wire transactions may incur a fee per transaction charged to the trust and your bank may charge fees to receive the funds.*

Check Here for True Link Upload: _____

Online Purchase:

Website: _____

Username: _____

Password: _____

Reason for Distribution:

- Distribution will be reviewed within 5 business days from receipt.
- All distributions must be approved by a CTS trust administrator.
- Please enclose a copy of the invoice for payment if this is a reimbursement
- If this distribution is to cover a service that was rejected by your local, state or federal benefit program please provide proof of rejection.

Authorized Signature
Date:

Authorized Signature (if applicable)
Date: