



www.ktstrust.org

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Disbursement Request Form

Member's Name _____

KTS Account # _____

Disbursement Amount: \$ _____ Date: _____

Payee Name _____

Payee Account # _____

You must write your full account number for all first time payments, including credit cards.

Account number has changed from previous bill.

- **Make sure the complete corresponding bill is attached.**
- **The entire bill or statement must be sent in, not just the payment portion.**
- **All bills must be in the member's name.**
- **Bills must not be more than 90 days old.**
- **Allow 5-7 days for processing.**

Signature _____ Member Authorized Rep

Please Email, Fax, or Mail this completed form to the KTS Pooled Trust office.