



www.ktstrust.org

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Recurring Disbursement Request Form

Member's Name _____

KTS Account # _____

Disbursement Amount: \$ _____ Date: _____

Payee Account # _____

You must write your full account number for all payments, where applicable.

RENT

- You must include a **current** lease, and one month's rent invoice in order for us to process a payment.
- If there is no lease, you must submit a signed letter from your landlord stating how much your rent is and where the payment should be sent.

CO-OP MAINTENANCE

- You must include a letter from your co-op board stating how much your monthly maintenance is and where the payment should be sent.

UTILITIES ENROLLED IN LEVEL PAYMENT PLAN

- You must include a current bill showing the amount of the level payment and when it is ending.

- **Recurring payments are made when your deposit clears our bank.**
- **Recurring payments must be the same amount every month.**
- **Make sure the complete corresponding bill is attached.**
- **All bills must be in the member's name.**
- **Bills must show address where to send payments.**
- **Allow 5-7 days for processing.**

Signature _____ Member Authorized Rep

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