



RECURRING PAYMENT REQUEST FORM

OREGON SPECIAL NEEDS TRUST

**** IMPORTANT: ****

Recurring monthly payments will be made for up to 12 months from the date of the request.
Every 12 months, a new request form must be submitted in order to continue the recurring payment.

FORM INSTRUCTIONS:

- Use this form for requesting a recurring payment only (monthly, bi-monthly or quarterly).
- Once the monthly payment has been approved, you may change the billing statement mailing address to: [Beneficiary’s Name] c/o The Arc Oregon, 2405 Front Street NE, Suite 120, Salem OR 97301.
 - Do NOT change the mailing address until the monthly payment has been approved.
- Even when approved for monthly payments, no bill will be paid without the actual invoice being received from the vendor.
- The invoice to be paid must show the beneficiary as the responsible party.
- Checks will be issued directly to the **vendor** but can be mailed to the beneficiary if desired.
- Credit card bills will NOT be automatically paid on a recurring basis. Please use a standard Disbursement Request Form to request payment of a credit card bill.
- **Please return disbursement form and required documentation by mail, fax, or email as shown below.**

MAIL TO: 2405 FRONT STREET NE, SUITE 120, SALEM OR 97301
 FAX TO: 503.363.7168
 EMAIL TO: DISBURSEMENTS@THEARCOREGON.ORG

Beneficiary’s Name: _____

Date of Request: _____ Trust Subaccount #: _____

Description of Monthly Service Bill: _____

Make Check Payable To: _____ Payment Amount: \$ _____

Mail Check To: Beneficiary Requestor Vendor

Vendor’s Address: (if applicable) _____

Date Due: _____ Frequency: Monthly Bi-Monthly Quarterly

Requestor’s Name: _____ Requestor’s Phone: _____

Requestor’s Signature: _____
(Signature required: requestor must be a person authorized to request disbursements)

Office use only: Approved: ____ Yes ____ No Date: _____

Approved by: _____