



CLC, Inc. Pooled Trust 3
135 Radio Circle Drive Suite 208 Mount Kisco, New York 10549
(P) 914.244.9688 (F) 914.244.9689

www.adicares.org

TRUST DISTRIBUTION FORM RECURRING REQUEST

*Please note that this request form is only for bills which will be the same every month and that should be paid every month.
Once this form is submitted, ADiCares will make this payment on a monthly basis.
It does not need to be submitted each month.*

Name of Trust Client _____

Amount of Request: \$ _____

Purpose of Recurring Request (each request must have an accompanying bill/invoice or receipt with mailing address.
Rent payments require a copy of the lease on file with the trust):

Day on which reoccurring is due (i.e. 3rd of every month): _____

Starting Month: _____

Make Payment Payable to: _____

Send Payment To: _____

Memo: _____

Signature of Authorized Requestor: _____

(Name)

(Date)