

Personal Support Trusts
Disbursement Request Form

The Foundation for the Arc of Northern Virginia
98 N. Washington Street, Falls Church, VA 22046
Fax: 703-532-3398

Beneficiary Name: _____ Sub Account # _____

Make Check Payable to: _____

Mail the check to: _____

Payment Amount: \$ _____ Date Needed: _____

Purpose of request: _____

NOTE:

Disbursement requests will be processed by the Arc of Northern Virginia on **the 1st and 15th** of each month. If the 1st or 15th falls on a weekend or the staff is unavailable because of vacation or illness, decisions will be made within 5 business days, or a substitute decision maker will serve. Emergency situations will be addressed individually.

Once the request is sent to SunTrust; the check will be sent to the Arc and forwarded to you in **approximately ten days**.

Some Disbursement requests may require additional review or additional documentation; such as receipts. Certain expenses may require prior submission to and denial by a government agency to be considered a legitimate supplementary expense.

Requested by: _____ Date: _____

Signature: _____

For the Foundation of the Arc of Northern Virginia only

Approved: Sent to Trustee on _____

Disapproved : Reason _____

Authorized by: _____ Date: _____

Signature: _____