



Labor & Industry For Education, Inc.
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LIFE – 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, LIFE will make this payment on a monthly basis. It does not need to be submitted each month.

Name of Trust Beneficiary: _____

Client ID Number: _____

Amount of Request: \$ _____

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

Day on which Recurring is due (i.e. 3rd of Every Month): _____

Starting Month: _____

Make Check Payable To: _____

Mail Check To: _____

Memo: _____

Signature of Authorized Requestor:

(Name)

(Phone #)