

Security for People with Special Needs since 1990

office | 804.740.6930 toll free | 888.241.6039 fax | 804.740.6065 address | PO Box 29408, Richmond, VA 23242-0408

ACKNOWLEDGEMENT FORM FOR THE DISBURSEMENT INFORMATION MANUAL

TO BE COMPLETED AND SIGNED BY THE ADVOCATE(S)

Please sign this form indicating you have read and understand the *Disbursements Manual* and return to CCT per the instructions below.

Beneficiary's Name (printed)	
Advocate's Name (printed)	
Advocate's Signature	
Advocate's Name (print	ed)
Advocate's Signature	
Date	
Return by:	
US Mail:	CCT Attn: Client Services PO Box 29408 Richmond, VA 23242
Email:	paymentrequest@trustCCT.org
Fax:	804-740-6065